

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

08-02-2005 90029 043 ****61.25

8.

DOCUMENT # N04000006267 1. Entity Name MIDDLE LAKE ASSOCIATION, INC.					
Principal Place of Business 1804 BUNKER HILL DR SUN CITY CENTER, FL 33573-5008			Mailing Address 1804 BUNKER HILL DR SUN CITY CENTER, FL 33573-5008		
2. Principal Place of Business <i>1514 Blackstone Circle</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <i>1514 Blackstone Circle</i> <small>Suite, Apt. #, etc.</small>			
City & State <i>Sun City Center, FL</i> Zip <i>33573</i>		City & State <i>Sun City Center, FL</i> Zip <i>33573</i>		4. FEI Number 07242005 Chg-NP CR2E037 (10/03)	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, JAMES P JR 315 S HYDE PARK AVE TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>PD</small> COLINS, CHARLES P III 1804 BUNKER HILL DR SUN CITY CENTER, FL 335735008	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>PD</small> FARNEY, SAMUEL D. 1814 Bunker Hill Dr. Sun City Ctr, FL 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>VD</small> BARRS, CONSTANCE L 1531 DEL WEBB BLVD W SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>VD</small> DILLON, THOMAS 1501 Del Webb Blvd Sun City Center, FL 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>SD</small> HAMLY, MARIE A 1514 BLACKSTONE CIR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>TD</small> VELTRI, JOHN 1504 Valley Forge Blvd Sun City Center, FL 33573	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>TD</small> CARL, ANN M 1802 BUNKER HILL DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	(Empty)	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Samuel D. Farney</i> Samuel D. Farney <i>7/28/2005</i> 813-633-5156 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> Pres.					

66027184





ATTACHMENT

66027184

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 4, 2005

MIDDLE LAKE ASSOCIATION, INC.
1514 BLACKSTONE CIRCLE
SUN CITY CENTER, FL 33573

Subject: MIDDLE LAKE ASSOCIATION, INC.

Reference Number:

N04000006267

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

800 829

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

All volunteer homeowners assoc.

/LS
ANNUAL REPORTS SECTION

FEI - Not applicable