## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N01000006564



FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90332 009 \*\*\*\*61.25

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	1. Entity Nam MIDDLE I INC.	LAKE ESTA	ATES HOMEO	WNERS.	ASSOCIATION			94-10-2006 :	90332 00	190.	1.23	
Suite. Apt. 4, etc.    Suite. Apt. 4, etc.   Suite. Apt. 4, etc.   Coy & State   City & Country   City	30907 MIDDLE LAKE DR 3090				907 MIDDLE LAKE DR		i comment of other	)		0105	18	
City & State    City & State	2. Principal P	Place of Business	5	3. Mail	ing Address							
THORNTON, RCY S 30907 MIDDLE LAKE DR DADE CITY, FL 33523  8. Country 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named extly submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Fiorisa. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE    City   FL   Zep Code	Suite, Apt. #, etc.			Su	ite, Apt. #, etc.		04052006 <sub>C</sub>	hg-NP	CR2E037	7 (11/05)		
B. Cerricate of Status Detrice   For Required Agent   THORNTON, ROY S 30907 MIDDLE LAKE OR DADE CITY, FL 33523  Sinest Address (P.O. Box Number is Not Acceptable)  City   FL   Zap Code   City	City & State			Cit	y & State			00 0000000				
THORNTON, ROY S 30807 MIDDLE LAKE DR DADE CITY, FL 33523  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    String Fee Is 361.25	Zip	Zip Country Zi			5 Country		5. Certificate of S	5. Certificate of Status Desired 58.75 Additional				
Thornton, ROY S 30907 MIDDLE LAKE DR DADE CITY, FL 33523  Signal range of the colligations of registered entity submits this elasionent for the purpose of changing its registered effice or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.  Signature tipsel or private range days and title 1 agelication.  Filling Fee is \$81.25  Due by Blay 1, 2006  Pilling Fee is \$81.25  Due by Blay 1, 2006		6. Name an	d Address of Curre	nt Registers	d Agent	Name	7. Name and Ad	Ireas of New R	egistered A	gent		
B. 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	30907 MIDDLE LAKE DR								)			
8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature registered agent.						City			Ei	Zip Code	•	
SIGNATURE    Filling Fee is \$61.25   Due by May 1, 2006   Delde   Trust Fund Contribution   Addition   Addition   Addition   Trust Fund Contribution   Addition   Addition   Addition   Trust Fund Contribution   Addition   Addition   Trust Fund Contribution   Trust Fund Contrib				t for the purp	ose of changing its re	egistered office or regis	stered agent, or both, in	the State of Flo		miliar with,	and accept	
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Dise by Slay 1, 2006   Trust Fund Contribution.   Added to Fees   Florida Department of State	SIGNATURE .		winted name of registered ag	pent and (the if app	ticable (NOTE	Registered Agent signature requ	ulted when reinstaling)		DATE	*		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Rorida 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 path; that I am an officer or director	TITLE NAME SÜREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUE by May THORNTON 30907 MIDD DADE CITY, D CURTIS, JAI 8801 HUNTE	OFFICERS AND REPORT OF THE PROPERTY OF THE PRO		Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Flori	ake check da Depart RS AND DIR	ECTORS IN Change Change Change	# Addition Addition	

indicated on this report or suppremental report is true and accurate and that my signature shall have the same legal effect as it 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:

WITHRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY THORNTON

04-06-06

352.588.1193

Duytime Phone #