


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90177 011 ****61.25

DOCUMENT # N04000006267

1. Entity Name
MIDDLE LAKE ASSOCIATION, INC.



Principal Place of Business
**1514 BLACKSTONE CIRCLE
 SUN CITY CENTER, FL 33573-5008**

Mailing Address
**1514 BLACKSTONE CIRCLE
 SUN CITY CENTER, FL 33573-5008**

4001000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03282007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DILLON, THOMAS	
STREET ADDRESS	1501 DEL WEBB BLVD	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GILMER, KEN	
STREET ADDRESS	1806 BURLINGTON CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAMLY, MARIE A	
STREET ADDRESS	1514 BLACKSTONE CIR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VELTRI, JOHN M	
STREET ADDRESS	1504 VALLWY FORGE BLVD	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMER, KEN	
STREET ADDRESS	1806 BURLINGTON CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEILHARZ, BILL	
STREET ADDRESS	1506 VALLEY FORGE BLVD.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marie A. Hamly Marie A. Hamly 4/1/07 813-642-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #