

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006267

Entity Name: MIDDLE LAKE ASSOCIATION, INC.**Current Principal Place of Business:**1411 JACOBSON CIR.
SUN CITY CENTER, FL 33573**Current Mailing Address:**1411 JACOBSON CIR
SUN CITY CENTER, FL 33573 US**FEI Number:** 20-1830933**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HINES, JAMES PJR
315 S HYDE PARK AVE
TAMPA, FL 33606 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BODMER, SALLY
Address	1411 JACOBSON CIRCLE
City-State-Zip:	SUN CITY CENTER FL 33573

Title	VP
Name	HUSS, RICHARD
Address	1508 BLACKSTONE CIRCLE
City-State-Zip:	SUN CITY CENTER FL 33573

Title	TREASURER
Name	CARL, ANN
Address	1802 BUNKER HILL DRIVE
City-State-Zip:	SUN CITY CENTER FL 33573

Title	OTHER, AREA REPRESENTATIVE AREA A
Name	BILICKI, RAINY
Address	1605 DANBURY DRIVE
City-State-Zip:	SUN CITY CENTER FL 33573

Title	AREA REPRESENTATIVE AREA B
Name	SMILEY, TIM
Address	1513 BLACKSTONE CIR.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	AREA REPRESENTATIVE AREA D
Name	PEARCE, WAYNE
Address	1517 WEST DEL WEBB BOULEVARD
City-State-Zip:	SUN CITY CENTER FL 33573

Title	AREA REPRESENTATIVE AREA E
Name	BIERCE, BILL
Address	1401 WEST DEL WEBB BOULEVARD
City-State-Zip:	SUN CITY CENTER FL 33573

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BODMER, SALLY**PRESIDENT****03/02/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date