

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006267

**Entity Name:** MIDDLE LAKE ASSOCIATION, INC.**Current Principal Place of Business:**1515 WEST DEL WEBB BLVD  
SUN CITY CENTER, FL 33573**Current Mailing Address:**1515 WEST DEL WEBB BLVD  
SUN CITY CENTER, FL 33573 US**FEI Number:** 20-1830933**Certificate of Status Desired:** No**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            CRABTREE, LARRY  
Address        1401 JACOBSON CIRCLE  
City-State-Zip: SUN CITY CENTER FL 33573

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

Title            SECRETARY  
Name            HARRIS, LINN  
Address        1515 WEST DEL WEBB BLVD  
City-State-Zip: SUN CITY CENTER FL 33573

Title            TREASURER  
Name            FORTIER, RICK  
Address        1533 WEST DEL WEBB BLVD  
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            OTHER, AREA REPRESENTATIVE  
                 AREA B  
Name            SANDORA, ROBERT  
Address        1504 BLACKSTONE CIR.  
City-State-Zip: SUN CITY CENTER FL 33573

Title            AREA REPRESENTATIVE AREA C  
Name            COLLINS, CHARLIE  
Address        1804 BUNKER HILL DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            AREA REPRESENTATIVE AREA D  
Name            HOBLITZELL, PAUL  
Address        1803 BURLINGTON CIRCLE  
City-State-Zip: SUN CITY CENTER FL 33573

**Continues on page 2**

*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: LINNEA HARRIS****SECRETARY****01/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	AREA REPRESENTATIVE AREA E
Name	DINISIO, MARCY
Address	1801 DANBURY DRIVE
City-State-Zip:	SUN CITY CENTER FL 33573