

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007038

Entity Name: MIL-LAKE ESTATES III HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 23, 2017
Secretary of State
CC3527056619

Current Principal Place of Business:

3740 MIL RUN CT.
GREENACRES, FL 33463

Current Mailing Address:

3740 MIL RUN CT.
GREENACRES, FL 33463

FEI Number: 47-1635941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SRINIVASAN, SRIRAM
3740 MIL RUN CT.
GREENACRES, FL 33463 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: SRIRAM SRINIVASAN

03/23/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SANTOS, FRANCISCO
Address 3768 MIL RUN COURT
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name PARAGES, LILIANA
Address 3776 MIL RUN CT
City-State-Zip: GREENACRES FL 33463

Title TREASURER
Name SRINIVASAN, SRIRAM
Address 5002 ELPINE WAY
City-State-Zip: WEST PALM BEACH FL 33418

Title DIRECTOR
Name PLEITEZ, CARLOS
Address 3772 MIL RUN COURT
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name PARAGES, MANUEL
Address 3776 MIL RUN COURT
City-State-Zip: GREENACRES FL 33463

Title PRESIDENT
Name BAKER, CLEVELAND S
Address 6069 STRAWBERRY LAKES CIRCLE
City-State-Zip: LAKEWORTH FL 33463

Title DIRECTOR
Name RUIZ, ARMANDO
Address 3773 MILRUN CT
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name SRIRAM, APARNA
Address 5002 ELPINE WAY
City-State-Zip: PALM BEACH GARDENS FL 33418

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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: SRIRAM SRINIVASAN

TREASURER

03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAKER, OLIVE
Address 6069 STRAWBERRY LAKES CIR
City-State-Zip: LAKE WORTH FL 33463