

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007038

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