

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 PM 12: 10

DOCUMENT # 744710 (5)

1. Corporation Name

MIRROR LAKES HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
5317 MIRROR LAKES BLVD BOYNTON BCH. FL 33437

3. Date Incorporated or Qualified 10/25/1978  
3a. Date of Last Report 03/08/1994  
4. FEI Number 59-2032639  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
ST. JOHN, KING & DICKER  
500 AUSTRALIAN AVE SOUTH  
STE 600  
WEST PALM BCH FL 33401

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BELLUCCI, HAROLD
STREET ADDRESS	5298 MINTO RD
CITY-ST-ZIP	BOYNTON BCH FL 33437
TITLE	VD
NAME	<del>HEPPLEWHITE, JUDITH</del>
STREET ADDRESS	<del>5703 MIRROR LAKES BLVD.</del>
CITY-ST-ZIP	<del>BOYNTON BCH FL</del>
TITLE	TD
NAME	<del>HUGHES, CLIFFORD</del>
STREET ADDRESS	<del>5190 MIRROR LAKES BLVD</del>
CITY-ST-ZIP	<del>BOYNTON BCH FL</del>
TITLE	B
NAME	<del>MCGILTON, ROCKY</del>
STREET ADDRESS	<del>5250 MINTO RD</del>
CITY-ST-ZIP	<del>BOYNTON BCH FL</del>
TITLE	B
NAME	<del>LAUFER, LEE</del>
STREET ADDRESS	<del>5214 MINTO RD</del>
CITY-ST-ZIP	<del>BOYNTON BCH FL</del>
TITLE	SD
NAME	<del>BONNER, GLORIA</del>
STREET ADDRESS	<del>5074 MINTO RD</del>
CITY-ST-ZIP	<del>BOYNTON BCH FL</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DE PAW, BARBARA
2.3 STREET ADDRESS	5067 MIRROR LAKES BLVD
2.4 CITY-ST-ZIP	BOYNTON BCH FL 33437
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DASH, RICHARD
3.3 STREET ADDRESS	5183 MINTO RD
3.4 CITY-ST-ZIP	BOYNTON BCH FL 33437
4.1 TITLE	B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHUSKO, PAULINE
4.3 STREET ADDRESS	5800 MIRROR LAKES BLVD
4.4 CITY-ST-ZIP	BOYNTON BCH FL 33437
5.1 TITLE	B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SINGER, JULES
5.3 STREET ADDRESS	5486 MIRROR LAKES BLVD
5.4 CITY-ST-ZIP	BOYNTON BCH FL 33437
6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BERNARDIG, MURIEL
6.3 STREET ADDRESS	5063 MIRROR LAKES BLVD.
6.4 CITY-ST-ZIP	BOYNTON BEACH, FLORIDA 33437

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Bellucci 1-15-95 407-732-1430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)  
HAROLD BELLUCCI