

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 744710 (5)
1. Corporation Name

MIRROR LAKES HOMEOWNERS' ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 10/25/1978
3a. Date of Last Report: 02/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2032639	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE SOUTH
STE 600
WEST PALM BCH FL 33401

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BELLUCCI, HAROLD <input checked="" type="checkbox"/> DELETE	11 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLUCCI, HAROLD	12 NAME	DE FEW, BARBARA
STREET ADDRESS	5298 MINTO RD	13 STREET ADDRESS	5067 MIRROR LAKES BLVD.
CITY-ST-ZIP	BOYNTON BCH FL	14 CITY-ST-ZIP	BOYNTON BCH, FL 33437
TITLE	VD DE PEW, BARBARA <input type="checkbox"/> DELETE	21 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PEW, BARBARA	22 NAME	
STREET ADDRESS	5067 MIRROR LAKES BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	24 CITY-ST-ZIP	
TITLE	TD DASH, RICHARD <input type="checkbox"/> DELETE	31 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASH, RICHARD	32 NAME	
STREET ADDRESS	5183 MINTO RD	33 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	34 CITY-ST-ZIP	
TITLE	D SHUSKO, PAULINE <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUSKO, PAULINE	42 NAME	
STREET ADDRESS	5810 MIRROR LAKES BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	44 CITY-ST-ZIP	
TITLE	D SINGER, JULES <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, JULES	52 NAME	
STREET ADDRESS	5486 MIRROR LAKES BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	54 CITY-ST-ZIP	
TITLE	SD BERNZWEIG, MURIEL <input checked="" type="checkbox"/> DELETE	61 TITLE	SECRETARY/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNZWEIG, MURIEL	62 NAME	WATTS, CAROLINE
STREET ADDRESS	5063 MIRROR LAKES BLVD	63 STREET ADDRESS	5430 MIRROR LAKES BLVD
CITY-ST-ZIP	BOYNTON BCH FL	64 CITY-ST-ZIP	BOYNTON BCH, FL 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 119.07(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: Richard Dash - RICHARD DASH, TREAS. 1/25/96 407-374-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)