

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744710 (5)**  
1. Corporation Name  
**MIRROR LAKES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>5317 MIRROR LAKES BLVD BOYNTON BCH. FL 33437</b>	Mailing Address <b>5317 MIRROR LAKES BLVD BOYNTON BCH. FL 33437-1217</b>
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3. Date Incorporated or Qualified <b>10/25/1978</b>	3a. Date of Last Report <b>01/30/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number <b>59-2032639</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**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	<b>FL</b>
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPEW, BARBARA	1.2 NAME	<b>BARBARA Depew</b>
STREET ADDRESS	5067 MIRADE LAKES BLVD	1.3 STREET ADDRESS	<b>5067 MIRROR LAKES BLVD</b>
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	<b>BOYNTON BCH, FL. 33437</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PEW, BARBARA	2.2 NAME	<b>Duplicate of above - VD</b>
STREET ADDRESS	5067 MIRROR LAKES BLVD	2.3 STREET ADDRESS	<b>BURCELL M. DEMALINE</b>
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	<b>5334 MIRROR LAKES BLVD. BOYNTON BCH, FL 33437</b>
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASH, RICHARD	3.2 NAME	<b>STD</b>
STREET ADDRESS	5183 MINTO RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUSKO, PAULINE	4.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS	5810 MIRROR LAKES BLVD	4.3 STREET ADDRESS	<b>CHARLES JONES</b>
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	<b>5508 MIRROR LAKES BLVD. BOYNTON BCH, FL. 33437</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, JULES	5.2 NAME	
STREET ADDRESS	5486 MIRROR LAKES BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, CAROLINE	6.2 NAME	<b>D</b>
STREET ADDRESS	5430 MIRROR LAKES BLVD	6.3 STREET ADDRESS	<b>RALPH ROBYNEK</b>
CITY-ST-ZIP	BOYNTON BCH FL	6.4 CITY-ST-ZIP	<b>5199 MINTO ROAD BOYNTON BCH, FL. 33437</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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) 1/23/97 561-374-9091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042496

CR2E037 (9/96)