

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744710

1. Entity Name

MIRROR LAKES HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90063 038 ****61.25

Principal Place of Business

Mailing Address

5317 MIRROR LAKES BLVD
 BOYNTON BCH. FL 33437

5317 MIRROR LAKES BLVD
 BOYNTON BCH. FL 33437-1217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2032639

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KNUTSON, BARBARA	
STREET ADDRESS	5067 MIRROR LAKES BLVD	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEMALINE, BURCELL M	
STREET ADDRESS	5334 MIRROR LAKES BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DASH, RICHARD	
STREET ADDRESS	5183 MINTO RD	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CHARLES	
STREET ADDRESS	5505 MIRROR LAKES BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINGER, JULES	
STREET ADDRESS	5486 MIRROR LAKES BLVD	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSYNEK, RALPH	
STREET ADDRESS	5199 MINTO ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Robert	
STREET ADDRESS	5092 MINTO Road	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Granie, Sue	
STREET ADDRESS	5067 Mirror Lakes Blvd	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bussiere, Ray	
STREET ADDRESS	5815 Mirror Lakes Blvd.	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonner, Gloria	
STREET ADDRESS	5074 MINTO Road	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krall, Horst	
STREET ADDRESS	5078 Mirror Lakes Blvd	
CITY-ST-ZIP	Boynton Beach, FL 33437	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. [Signature]

Date

Daytime Phone #

1/11/00

CR2E037 (9/99)