

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

0062655

**DOCUMENT # 744710**

1. Entity Name

**MIRROR LAKES HOMEOWNERS' ASSOCIATION, INC.**

02-16-2001 90029 040 \*\*\*\*61.25

Principal Place of Business

5317 MIRROR LAKES BLVD  
 BOYNTON BCH. FL 33437

Mailing Address

5317 MIRROR LAKES BLVD  
 BOYNTON BCH. FL 33437

V S T O U I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2032639**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | BROWN, ROBERT          |                                 |
| STREET ADDRESS | 5092 MINTO ROAD        |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437 |                                 |
| TITLE          | VD                     | <input type="checkbox"/> Delete |
| NAME           | GRANIE, SUE            |                                 |
| STREET ADDRESS | 5067 MIRROR LAKES BLVD |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437 |                                 |
| TITLE          | TD                     | <input type="checkbox"/> Delete |
| NAME           | BUSSIÈRE, RAY          |                                 |
| STREET ADDRESS | 5815 MIRROR LAKES BLVD |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | JONES, CHARLES         |                                 |
| STREET ADDRESS | 5505 MIRROR LAKES BLVD |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL       |                                 |
| TITLE          | SD                     | <input type="checkbox"/> Delete |
| NAME           | BONNER, GLORIA         |                                 |
| STREET ADDRESS | 5074 MINTO ROAD        |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | KREL, HORST            |                                 |
| STREET ADDRESS | 5078 MIRROR LAKES BLVD |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33437 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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:

*Robert Brown*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Brown

Date

Daytime Phone #

2/16/01

CR2E037 (10/00)