


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90028 036 \*\*\*\*61.25

**DOCUMENT # 744710**

1. Entity 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**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

02172005 Chg-NP CR2E037 (10/03)

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**

**DICKER, KRIVOK, STOLOFF, P.A.  
 1818 AUSTRALIAN AVENUE SOUTH  
 SUITE 400  
 WEST PALM BEACH, FL 33409**

**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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida 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	S	<input type="checkbox"/> Delete
NAME	BOHHR, GLORIA	
STREET ADDRESS	5074 MINTO RD.	
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	TD	<input type="checkbox"/> Delete
NAME	LAUFER, LEE	
STREET ADDRESS	5214 MINTO ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D <i>V. Pro</i>	<input type="checkbox"/> Delete
NAME	FREE, BILL <i>FRANK LACAUX</i>	
STREET ADDRESS	5046 MINTO ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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* **3-16-05** **561**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **738-6862**