


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90146 022 \*\*\*\*61.25

<b>DOCUMENT # 744710</b>							
<b>1. Entity Name</b> 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					
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		02062007 Chg-NP CR2E037 (12/06)			
Zip		Country		<b>4. FEI Number</b> 59-2032639			
				Applied For Not Applicable			
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>				
DICKER, KRIVOK, STOLOFF, P.A. 1818 AUSTRALIAN AVENUE SOUTH SUITE 400 WEST PALM BEACH, FL 33409			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
<b>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.</b>							
SIGNATURE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
Make check payable to Florida Department of State							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHNADERBECK, JAMES		NAME	SHUSKO PAULINE			
STREET ADDRESS	5870 MIRROR LAKES BLVD		STREET ADDRESS	5810 MIRROR LAKES BLVD			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH FL 33437			
TITLE	S	<input type="checkbox"/> Delete	TITLE	BONNER, GLORIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONNER, GLORIA		NAME	BONNER, GLORIA			
STREET ADDRESS	5074 MINTO RD.		STREET ADDRESS	5074 MINTO RD			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437			
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALLECHIA, RONALD		NAME				
STREET ADDRESS	604 LGASURE DR		STREET ADDRESS				
CITY-ST-ZIP	RIDGE, NY 11961		CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LACAVA, FRANK		NAME	RICHARDSON MITCHELE			
STREET ADDRESS	5067 MIRROR LAKES BLVD		STREET ADDRESS	5047 MIRROR LAKES BLVD			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>							
SIGNATURE: <u>Paul Pellechia</u>		Date: <u>3/13/07</u>		Daytime Phone #: <u>561-795-4153</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							