

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90027 030 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State

Zip Country



1st MOORE CR2E037 (10/07)

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 **VICTORY ACCOUNTING SERVICE INC**  
 Street Address (P.O. Box Number is Not Acceptable) **1375 GATEWAY BLVD**  
 City **BOYNTON BEACH** FL Zip Code **33426**

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 *Vicki M Feicht* *Vicki M Feicht* *2/22/08*  
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 Due By: May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHUSKO, PAULINE 5810 MIRROR LAKES BLVD BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shusko, Pauline 5710 mirror lakes Blvd. Boynton Beach, FL 33472 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONNER, GLORIA 5074 MINTO RD. BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV D Pellechia, Ronald 5146 Minto Road Boynton Beach, FL 33472 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALLECHIA, RONALD 604 LGASURE DR RIDGE NY 11961 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Goldman, Ahyllis 5369 mirror lakes Blvd Boynton Beach, FL 33472 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, MICHELE 5047 MIRROR LAKES BLVD BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Abramow, Arnold 5134 Minto Rd Boynton Beach, FL 33472 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margaret Haggar 5298 Minto Road Boynton Beach, FL 33472 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Ronald Pellechia* *2/27/08*  
Signature, typed or printed name of signing officer or director Date