

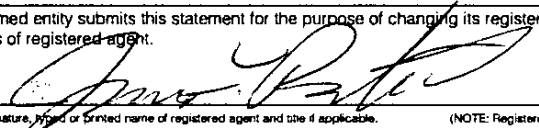
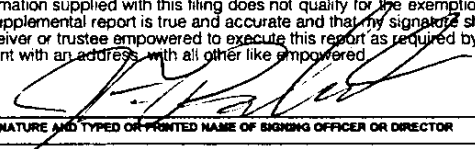


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90002 010 ****61.25

DOCUMENT # 761466 1. Entity Name LAKE MILLS SHORES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 621636 OVIEDO, FL 32762-1636			Mailing Address P.O. BOX 621636 OVIEDO, FL 32762-1636		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		05062007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2660902	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NOEL, MICHAEL 924 MILLSHORE DR CHULUOTA, FL 32766			7. Name and Address of New Registered Agent Name JAMES BEDONT Street Address (P.O. Box Number is Not Acceptable) 937 MILLSHORE DRIVE City Chuluota FL Zip Code 32766		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			DATE 9/1/2007		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP NOEL, MIKE 924 MILLSHORE DR CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES BEDONT 937 MILLSHORE DRIVE Chuluota, FL 32766
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BEDONT, JAMES 937 MILLSHORE DR CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOGDANY, TIMOTHY 868 MEZODY DR CHULUOTA, FL 32766	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHOPFER, JANICE 785 MILLSHORE DR CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAROL O'BRIEN 900 MILLSHORE DR Chuluota, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAROL O'BRIEN 900 MILLSHORE DR Chuluota, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAROL O'BRIEN 900 MILLSHORE DR Chuluota, FL 32766	<input checked="" 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 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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 9/1/2007 <small>Date</small>		
<small>Daytime Phone #</small>					