

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761466 1. Entity Name LAKE MILLS SHORES HOMEOWNERS' ASSOCIATION, INC.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">08 SEP 17 AM 11:00</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
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 #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2660902				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NOEL, MICHAEL 927 MILLSHORE DR CHULUOTA, FL 32766				7. Name and Address of New Registered Agent Name James F. BERUT Street Address (P.O. Box Number is Not Acceptable) 937 Millshore Dr. 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 reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 12, 2008				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 BEDONT, JAMES <input type="checkbox"/> Delete 937 MILLSHORE DR CHULUOTA, FL 32766			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100136148041 09/19/08--01038--015 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'BRIEN, ALBERT <input checked="" type="checkbox"/> Delete 900 MILLSHORE DR CHULUOTA, FL 32766			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Lascellas 816 Nocturne Drive Chuluota, FL 32766		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOGDANY, TIMOTHY <input type="checkbox"/> Delete 888 MEZODY DR CHULUOTA, FL 32766			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'BRIAN, CAROL <input type="checkbox"/> Delete 900 MILLSHORE DR CHULUOTA, FL 32766			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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		
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 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: _____				8/5/2008 (407) 977-5003 Date Daytime Phone #			

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