



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90004 046 ****70.00

DOCUMENT # N03000006468 1. Entity Name MIRROR LAKE COMMERCIAL PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 665 N. WYMORE RD. WINTER PARK, FL 32789			Mailing Address 665 N. WYMORE RD. WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 500 South Florida Avenue Suite, Apt. #, etc. Suite 700		3. Mailing Address 500 South Florida Avenue Suite, Apt. #, etc. Suite 700			
City & State Lakeland, FL		City & State Lakeland FL		05042007 Chg-NP CR2E037 (12/06)	
Zip 33801		Country US		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired XX		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARTER, GLENN E 665 N. WYMORE RD. WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Peter AS McFarlane Street Address (P.O. Box Number is Not Acceptable) 500 South Florida Avenue, Suite 715 City Lakeland FL Zip Code 33801		
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 <u><i>[Signature]</i></u> 05/04/2007 <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 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	PTD VERRILL, THOMAS L 665 N. WYMORE RD. WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John B. Tubb 500 South Florida Avenue, Suite 700 Lakeland, FL 33801
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNCANSON, CYNTHIA 665 N. WYMORE RD. WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Benjamin D. E. Falk 500 South Florida Avenue, Suite 700 Lakeland, FL 33801
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, GLENN E 665 N. WYMORE RD. WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kim Calcutt 500 South Florida Avenue, Suite 700 Lakeland, FL 33801
		<input checked="" 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: <u><i>[Signature]</i></u> John B Tubb 6/4/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					