


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90318 025 ****70.00

DOCUMENT # N03000006468					
1. Entity Name MIRROR LAKE COMMERCIAL PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801			Mailing Address 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801		
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 NOT APPLICABLE	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCFARLANE, PETER A 500 SOUTH FLORIDA AVENUE, SUITE 715 LAKELAND, FL 33801				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TUBB, JOHN S 500 SOUTH FLORIDA AVENUE, SUITE 715 LAKELAND, FL 33801				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FALK, BENJAMIN D E 500 SOUTH FLORIDA AVENUE, SUITE 715 LAKELAND, FL 33801				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CALCUTT, KIM 500 SOUTH FLORIDA AVENUE, SUITE 715 LAKELAND, FL 33801				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Jim D Lee 500 S Florida Avenue Suite 700 Lakeland, FL 33801				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				
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: _____		Benjamin D. E Falk			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/08			
(Empty)		863.647.1581			