


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90272 046 \*\*\*\*61.25

<b>DOCUMENT # N04000006039</b>					
<b>1. Entity Name</b> MID-FLORIDA LAKES HOME OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 188 FOREST DR LEESBURG, FL 34788			<b>Mailing Address</b> 188 FOREST DR LEESBURG, FL 34788		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1800444	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COLLING, LEE JAY ATTN Y 682 MAITLAND AVENUE SUITE 2 ALTAMONTE SPRINGS, FL 32701			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WHINNERLY, LEE 130 N. LAKE DR LEESBURG, FL 34788	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D FAY, JACK 107 AZALEA LANE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR, DONNA 148 CROSSWAYS DRIVE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JIM 180 CROSSWAYS DRIVE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PRAHL, FRED 156 NORTH LAKE DRIVE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, LUCIA 117 W. STERLING WAY LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, LAWRENCE 106 E. STERLING WAY LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D IBY, JUDY 160 S. LAKE DRIVE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BOROFKY, MELVYN 101 W. STERLING WAY LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BAYAN, CHAIS 198 HIGHLAND DRIVE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D RUSH, PETER 125 N. LAKE DRIVE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>MELVYN A. BOROFKY, Treasurer</u> <u>10 JAN 06</u> <u>352-483-1408</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					