

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006039

FILED
Jan 05, 2009
Secretary of State

Entity Name: MID-FLORIDA LAKES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

188 FOREST DR
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

101 WEST STERLING WAY
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 59-1800444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLING, LEE JAY ATTN:
682 MAITLAND AVENUE
SUITE 2
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MASLINSKI, ANTHONY
Address: 104 HIGHLAND DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: PD () Delete
Name: KENNEDY, LAWRENCE
Address: 106 E. STERLING WAY
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: AUSTIN, KEN
Address: 140 LAKEVIEW DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: TD () Delete
Name: BOROFKY, MELVIN
Address: 101 W. STERLING WAY
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: BRYAN, CHRIS
Address: 198 HIGHLAND R
City-St-Zip: LEESBURG, FL 34788

Title: SD () Delete
Name: LEWIS, TAVOY
Address: 187 MILLWOOD RD
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BURGESS, JIM
Address: 180 SOUTH LAKE DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVYN A. BOROFKY

TD

01/05/2009

Electronic Signature of Signing Officer or Director

Date