2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000006151

1. Entity Name HOMEOWNERS' SUB-ASSOCIATION OF EAST LAKE VILLAGE, INC.



FILED
May 14, 2008 8:00 am
Secretary of State
05-14-2008 90015 048 ****70.00

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Principal Place of Business 600 W HILLSBORO BLVD SUITE 101 DEERFIELD BEACH, FL 33441			Mailing Address 600 W HILLSBORO BLVD SUITE 101 DEERFIELD BEACH, FL 33441				40102		18111 89111 BB11B 1	 	IREA AL IARI	
2. Principal Pl	ace of Busin	ness - Na P.O. Bax #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04162008	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State					4. FEI Number				oplied For
Zip	Zip Country			Zip Cou					of Status Desired	×	\$8.75 Add	ditional
6. Name and Address of Current			Registere	Registered Agent			7. Name and Address of New Registered Agent					
o. Name and Address of Current Reg				Name				1. Italia and Daniada at tran indiana an iligan				
SMITH, SCOT F 600 W HILLSBORO BLVD SUITE 101 DEERFIELD BEACH, FL 33441						Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Cod	e
		ty submits this statement for									<u> </u>	
the obligat		tered agent.	and title if appl	icable. (NOTE	E: Registered	d Agent signatur	re required	id when rainstating)		DATE	مورام کا	
Filing Fee is \$61.25 Due by May 1, 2008				 Election Campaign Findstribution 				\$5.00 May Be Added to Fees	FI FI	orida Depa	k payable t	
10. OFFICERS AND DIR				RECTORS 11.				ADDITIONS/CHA	NGES TO OFFI	CERS AND D	IRECTORS IN	J 10
TITLE	PD			☐ Delete	1					Change	☐ Addition	
NAME	SMITH, SCOT F					E						
STREET ADDRESS 600 W HILLSBORO BLVD SUITE			E 101						•			
CITY-ST-ZIP DEERFIELD BEACH, FL 33441					CITY	-ST-ZIP						
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NAME	HILLS, JAMES R			NAM				ic Coll	in			'
STREET ADDRESS						ET ADDRESS		600 W Hillsboro BLVD Deerfield Beach, FL			ste#10	1
CITY-ST-ZIP DEERFIELD BEACH, FL 33441						- ST - ZIP	De	erfield	Beach,	FL	3 <u>3441 </u>	
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CITY-ST-ZIP	1	ELD BEACH, FL 33441				-ST-ZIP						
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CITY-ST-ZIP			a=_a=	THE STORY OF A 1		Y-ST-ZIP			Florido Cres 111	16,,,,,,,,,,	erific share share:	ntermetics
 12. I hereby indicated 	certify that th I on this repo	ne information supplied wit ort or supplemental report	n this filing is true and	accurate and that	or merexe my signa	em ptions co iture shall ha	आखागक ave the	e same legal effec	iorida Statutes t as if made und	s, riumer ce er oath; that	am an office	r or director

indicated on this report of suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9544269999

Daytime Phone #