

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90029 043 \*\*\*\*61.25

<b>DOCUMENT # N04000006267</b> 1. Entity Name <b>MIDDLE LAKE ASSOCIATION, INC.</b>																													
Principal Place of Business <b>1804 BUNKER HILL DR SUN CITY CENTER, FL 33573-5008</b>			Mailing Address <b>1804 BUNKER HILL DR SUN CITY CENTER, FL 33573-5008</b>																										
2. Principal Place of Business <b>1514 Blackstone Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>1514 Blackstone Circle</b> Suite, Apt. #, etc.																											
City & State <b>Sun City Center, FL</b> Zip <b>33573</b>		City & State <b>Sun City Center, FL</b> Zip <b>33573</b>		Country <b>USA</b>																									
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent  <b>HINES, JAMES P JR 315 S HYDE PARK AVE TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reappointing)</small>																													
Filing Fee is \$61.25 Due by September 7, 2005		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																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">PD</td> <td style="width: 15%;">COLINS, CHARLES P III</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>1804 BUNKER HILL DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>SUN CITY CENTER, FL 335735008</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">VD</td> <td style="width: 15%;">BARRS, CONSTANCE L</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>1531 DEL WEBB BLVD W</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>SUN CITY CENTER, FL 33573</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	COLINS, CHARLES P III	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		1804 BUNKER HILL DR		CITY - ST - ZIP		SUN CITY CENTER, FL 335735008		TITLE	VD	BARRS, CONSTANCE L	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		1531 DEL WEBB BLVD W		CITY - ST - ZIP		SUN CITY CENTER, FL 33573	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Samuel D. Farney</u> <b>Samuel D. Farney</b> 7/28/2005 813-633-5156 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>																													

66027184



07242005 Chg-NP CR2E037 (10/03)



ATTACHMENT

66027184

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 4, 2005

MIDDLE LAKE ASSOCIATION, INC.  
1514 BLACKSTONE CIRCLE  
SUN CITY CENTER, FL 33573

Subject: MIDDLE LAKE ASSOCIATION, INC.

Reference Number:

N04000006267

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

800 829

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

All volunteer homeowners assoc.  
FEI - Not applicable