2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2006 8:00 am Secretary of State DOCUMENT # N04000006267 04-06-2006 90004 009 ****61.25 1. Entity Name MIDDLE LAKE ASSOCIATION, INC. Mailing Address Principal Place of Business 1514 BLACKSTONE CIRCLE 1514 BLACKSTONE CIRCLE SUN CITY CENTER, FL 33573-5008 SUN CITY CENTER, FL 33573-5008 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032006 Chg-NP CR2E037 (11/05) City & State City & State FEI Number NOT APPLICABLE Applied For Not Applicable Country Ziο Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HINES, JAMES P JR Street Address (P.O. Box Number is Not Acceptable) 315 S HYDE PARK AVE **TAMPA. FL 33606** Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing Make check payable to Filling Fee Is \$61.25 \Box Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TILE Change ☐ Addition FARNEY, SAMUEL D III NAME NAME DILLON, THOMAS 1501 DEL WEBB BLVD 1814 BUNKER HILL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 335735008 CITY-ST-ZIP SUN CITY CENTER , FL *335*73 VD. **⊠**©hange ☐ Delete TITLE ■ Addition KEN GILMER **DILLON, THOMAS** NAME NAME 1806 BURLINGTON CIRCLE 1501 DEL WEBB BLVD STREET ADDRESS STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-ZIP COY-ST-ZIP SUN CITY CENTER, FL SD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME HAMLY, MARIE A MME 1514 BLACKSTONE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP ☐ Change TD ☐ Detete TITLE ☐ Addition TITLE NAME VELTRI, JOHN M NAME 1504 VALLWY FORGE BLVD STREET ADDRESS STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-ZIP CITY-ST-7/P ☐ Deleta TITLE ☐ Change ☐ Addition TITLE NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 cath; 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:

13/06 Samuel D. Farney 813-637-5156

FILED