## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N07815

(6)

## MILE LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address	Mailing Address			JAI 4111 41611 81411 01611	
12600 N.W. HARBOUR RIDGE BLVD PALM CITY FL 34990 US		12600 N.W. HARBOUR R PALM CITY FL 34990 US					
					<ol> <li>Date Incorporated or Qualified 02/25/1985</li> </ol>	3a. Date of L 03/2	ast Report 1/1996
2. Principal Place of Business		2a. Mailing Address	<b>⊢</b> •		4. FEI Number		Applied For
Suite, Apt. #, etc		26]	<u> </u>		59-2512107		Not Applicable
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	7	75 Additional se Required
City & State		City & State	City & State		6. Election Campaign Financing		.00 May Be
Zip	Country	Zip	p Country		Trust Fund Contribution  8 This corporation has liability for		ded to Fees
24	25	29	30		This corporation has liability for intangible tax under s. 199.032,     Florida Statutes		
						legistered Agent	
			61	Name			
NEARY, MICHAEL E 12600 N.W. HARBOUR RIDGE BLVD				Street Add	ress (P.O. Box Number is Not Accepta	able)	
PALM CITY FL 33490			83				
			84	City	15 1	lar I	Zin Codê
· · · · · · · · · · · · · · · · · · ·						FL 85	Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 617. egistered agent, or both, in the Si m familiar with, and accept the ob	0502 and 617.1508, Florida Statu tate of Florida. Such change was bligations of, Section 617.0503, F	rtes, the abov authorized by lorida Statute	a-named corp y the corporat s.	poration submits this statement for the tion's board of directors. I hereby acception's	purpose of chang ept the appointmen	ing its registered nt as registered
SIGNATURE					•	÷	
	Signature, typed or printed name of registered			int signature requi	red when reinstating)	DATE	
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	··· ··· ··· ··· · · · · · · · · · · ·	
TITLE NAME	dt Julier, Henry S	☐ DELETE	1.1 TITLE			L Cha	ange Addition
	13236 HARBOUR RIDGE	מעום	1.2 NAME				
STREET ADDRESS	PALM CITY FL	DLYU	1.3 STREET				
CITY-ST-ZIP TITLE	DS DELETE		1.4 CITY - 5	-T-ZIP		1 1 ch	non [ ] Addition
NAME	SILLAMAN, EUGENE E.		2.1 TITLE 2.2 NAME			L. Cha	ange Addition
STREET ADDRESS	ARRAM AND		2.2 NAME 2.3 STREET	ADDDECC		•	
CITY-ST-ZIP	PALM CITY FL	DL1U.	1				
TITLE	D	DELETE	2. 4 CITY - 3.1 TITLE	51-ZIP		☐ Cha	ange Addition
NAME	WARD, LAWRENCE W	tund ==neth	3.2 NAME	1			NA MORROLL
STREET ADDRESS	13220 HARBOUR RIDGE I	BLVD	3.3 STREET	ADDRESS			
CITY - ST - ZIP	PALM CITY FL		3.4 CITY-				
TITLE	D	DELETE	4.1 TITLE			☐ Cha	ange
NAME	TOMASELLO, VINCENT		4.2 NAME				
STREET ADDRESS	13264 HARBOUR RIDGE I	BLVD.	4.3 STREET	ADDRESS			
CITY-ST-ZIP	PALM CITY FL		4.4 CITY - S	IT-ZIP			
TITLE	D	DELETE	5.1 TITLE			☐ Cha	ange Addition
NAME	YARVIS, MARTIN R		5.2 NAME				
STREET ADDRESS	13248 HARBOUR RUDGE	BLVD	5.3 STREET	ADDRESS			
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Cha	inge   Addition
NAME			6.2 NAME	İ			
STREET ADDRESS			6.3 STREET	ADDRESS			İ
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 16 if changed, or or an attachment with an address.

SIGNATURE:

3-5-7-7

356-7-33

356-1538

**FILED** 

Mar 12 1997 8:00am

Secretary of State