

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N07815					
1. Corporation Name MILE LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12600 N.W. HARBOUR RIDGE BLVD PALM CITY FL 34990 US			Mailing Address 12600 N.W. HARBOUR RIDGE BLVD PALM CITY FL 34990 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2512107	
22	City & State	27	City & State	Applied For ☐ Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent NEARY, MICHAEL E 12600 N.W. HARBOUR RIDGE BLVD PALM CITY FL 33490				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JULIER, HENRY S	1.2 NAME	
STREET ADDRESS	13236 HARBOUR RIDGE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SILLAMAN, EUGENE E.	2.2 NAME	
STREET ADDRESS	13214 HARBOUR RIDGE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WARD, LAWRENCE W	3.2 NAME	
STREET ADDRESS	13220 HARBOUR RIDGE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PUTNAM, WILLIAM R.	4.2 NAME	
STREET ADDRESS	13204 HARBOUR RIDGE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KOLAR, DONALD C.	5.2 NAME	
STREET ADDRESS	13278 HARBOUR RIDGE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  **31-199** **561-336-1527**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)