## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 15, 2004 8:00 am DOCUMENT # N07815 **Secretary of State** 1. Entity Name 03-15-2004 90048 022 \*\*\*\*61.25 MILE LAKE VILLAGE CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 12600 N.W. HARBOUR RIDGE BLVD PALM CITY FL 34990 12600 N.W. HARBOUR RIDGE BLVD PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2512107 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEARY, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 12600 N.W. HARBOUR RIDGE BLVD PALM CITY FL 33490 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MASON, EDWARD A NAME NAME 13218 HARBOUR RIDGE BLVD. STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Change ☐ Addition WHIPPLE, HILMA NAME NAME 13228 HARBOUR RIDGE BLVD STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition DRENAN, DAVID M. .... NAME NAME 13270 HARBOUR RIDGE BLVD STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-7IP DVP X Change TITLE ☐ Addition TITLE Delete NARTOWT, WALTER J MAME NAME 13280 HARBOUR RIDGE BLVD STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

Daytime Phone 4

12. 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 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR