


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 049 ****61.25

DOCUMENT # N07815 1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04182008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2512107	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORNETT, JANE L CORNETT, GOOGE & ASSOCIATES, PA 401 E OSCEOLA ST STUART, FL 34995-0066				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BETSY, JULIE R	NAME			
STREET ADDRESS	13236 HARBOUR RIDGE BLVD	STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRACE, ROBERT	NAME			
STREET ADDRESS	13262 HARBOUR RIDGE BLVD	STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP			
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, TERRY	NAME			
STREET ADDRESS	13268 HARBOUR RIDGE BLVD	STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOLAN, WILLIAM	NAME			
STREET ADDRESS	13214 HARBOUR RIDGE BLVD	STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	H. Todd Morris		
STREET ADDRESS		STREET ADDRESS	13234 Harbour Ridge Blvd		
CITY-ST-ZIP		CITY-ST-ZIP	Palm City FL 34990		
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Frederick N. Griffith		
STREET ADDRESS		STREET ADDRESS	13258 Harbour Ridge Blvd		
CITY-ST-ZIP		CITY-ST-ZIP	Palm City FL 34990		
12. 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 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>H. Todd Morris</u> <u>H. Todd Morris</u> <u>4/21/2008</u> <u>772-336-5640</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					