

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90134 017 ****61.25

DOCUMENT # N09731

1. Entity Name

MIL-LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**% JRW BUSINESS SERVICES
 5350 10TH AVE NORTH, STE 5
 LAKE WORTH FL 33463**

**% JRW BUSINESS SERVICES
 5350 10TH AVE NORTH, STE 5
 LAKE WORTH FL 33463**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2517552

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGAN, JENNIFER
 5350 10TH AVE
 STE 5
 LAKE WORTH FL 33463**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOOROW, STEVE	
STREET ADDRESS	3795 MIL STREAM CT.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VITALE, FRANK	
STREET ADDRESS	3759 MIL POND COURT	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DONAHUE, FRANK	
STREET ADDRESS	3761 MIL STREAM CT.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	RADCLIFF, RICHARD	
STREET ADDRESS	3763 MIL STREAM CT.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALDIVAR, FRANCISCO	
STREET ADDRESS	3785 MIL LAKE CT.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Smith	
STREET ADDRESS	3788 mil-Pond Ct.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlyn Flores	
STREET ADDRESS	3769 mil-Pond Ct	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Signature Steve Moorow*

4/25/02 *561-439-9675*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)