
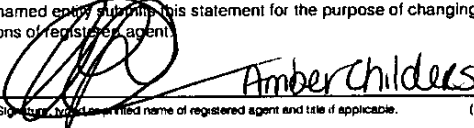
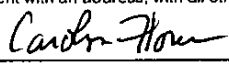


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90015 024 ****61.25

DOCUMENT # N09731					
1. Entity Name MIL-LAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business % IRW BUSINESS SERVICES 5350 10TH AVE NORTH; STE 5 LAKE WORTH, FL 33463			Mailing Address % IRW BUSINESS SERVICES 5350 10TH AVE NORTH; STE 5 LAKE WORTH, FL 33463		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2517552	
Zip	Country	Zip	Country	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		
REGAN, JENNIFER 5350 10TH AVE STE 5 LAKE WORTH, FL 33463			Name <u>Amber Childers</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>131 Alcatraz Street</u>		
			City <u>Royal Palm Beach</u> FL Zip Code <u>33411</u>		
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 		Amber Childers		DATE <u>3/29/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW, MARTIN		NAME	Barrow, Martin	
STREET ADDRESS	3772 MIL POND CT		STREET ADDRESS	3772 mil-Pond Ct.	
CITY-ST-ZIP	LAKE WORTH; FL 33463		CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE, FRANK		NAME		
STREET ADDRESS	3759 MIL POND COURT		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, REGINA		NAME		
STREET ADDRESS	3788 MIL-POND COURT		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, LISA		NAME		
STREET ADDRESS	3765 MIL-LAKE CT		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALDIVAR, FRANCISCO		NAME		
STREET ADDRESS	3785 MIL LAKE CT.		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, CAROLYN		NAME	Flores, Carolyn	
STREET ADDRESS	3769 MIL-POND COURT		STREET ADDRESS	3769 mil-Pond Ct.	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP	GREENACRES, FL 33463	
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: 		3/29/06		561-439-9675	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	