


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90036 026 \*\*\*\*61.25

**DOCUMENT # N09731**  
 1. Entity Name  
**MIL-LAKE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**11924 FOREST HILL BLVD.**  
**SUITE 22, 111**  
**WELLINGTON FL 33414**      **11924 FOREST HILL BLVD.**  
**SUITE 22, 111**  
**WELLINGTON FL 33414**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/07)

City & State      City & State

4. FEI Number      Applied For  
**59-2517552**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CHILDERS, AMBER**  
**131 ALCAZAR ST**  
**WEST PALM BEACH FL 33411**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**B.** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	BARROW, MARTIN	
STREET ADDRESS	3772 MIL POND CT	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODOM, REGINA	
STREET ADDRESS	3788 MIL-POND COURT	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, LISA	
STREET ADDRESS	3765 MIL-LAKE 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	P	<input type="checkbox"/> Delete
NAME	FLORES, CAROLYN	
STREET ADDRESS	3769 MIL-POND COURT	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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 exemptions contained in Section 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:** *Carolyn Flores*      *Carolyn Flores - President 3/5/08*      *561-439-9675*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #