

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90029 007 ****61.25

DOCUMENT # N97000001390

1. Entity Name

**THE HILLS OF LAKE EDEN HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business

COMMUNITY ASSOCIATION SVCS., INC.
951 BROKEN SOUND PKWY. NW, SUITE 250
BOCA RATON FL 33487-3531

Mailing Address

COMMUNITY ASSOCIATION SVCS., INC.
951 BROKEN SOUND PKWY. NW, SUITE 250
BOCA RATON FL 33487-3531

20011844



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0876901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C/O COMMUNITY ASSOCIATION SVCS., INC.
951 BROKEN SOUND PKY. NW
SUITE 250
BOCA RATON FL 33487-3531

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

905
POSTED
4m

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	LEFEVER, HARRY	
STREET ADDRESS	22 LAKE EDEN DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALDORF, JOAN	
STREET ADDRESS	41 LAKE EDEN DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALLARD, LINDA	
STREET ADDRESS	56 LAKE EDEN DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMUNGARD, THOMAS	
STREET ADDRESS	38 LAKE EDEN DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33444	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURKE, BOB	
STREET ADDRESS	30 LAKE EDEN DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOTLER, BOBBI MRS.	
STREET ADDRESS	67 LAKE EDEN DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33444	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joanne Waldorf	
STREET ADDRESS	41 Lake Eden Drive	
CITY-ST-ZIP	Boynton Beach, FL 33444	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobbi Kotler	
STREET ADDRESS	67 Lake Eden Drive	
CITY-ST-ZIP	Boynton Beach, FL 33444	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Geissinger	
STREET ADDRESS	64 Lake Eden Drive	
CITY-ST-ZIP	Boynton Beach, FL 33444	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Lynch	
STREET ADDRESS	32 Lake Eden Drive	
CITY-ST-ZIP	Boynton Beach, FL 33444	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charsie Lynn	
STREET ADDRESS	26 Lake Eden Drive	
CITY-ST-ZIP	Boynton Beach, FL 33444	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Victorin	
STREET ADDRESS	24 Lake Eden Drive	
CITY-ST-ZIP	Boynton Beach, FL 33444	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT V. BURKE 2/8/05 561-746-9602

Date Daytime Phone #

ATTACHMENT

2001/846

N97060001390

Additions/Changes to Offices + Directors.

D

☐ Change☒ Addition

Bert Roth

5 Lake Eden Drive

Bogota Beach, FL 33444