## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** DOCUMENT # N97000001390

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

THE HILLS OF LAKE EDEN HOMEOWNER'S ASSOCIATION, INC.					02-17-2005 90029 007 ****61.25			
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Principal Plac		Mailing Address						
COMMUNITY ASSOCIATION SVCS., INC. 951 BROKEN SOUND PKWY, NW, SUITE 250 BOCA RATON FL 33487-3531		COMMUNITY ASSOCIATION SVCS., INC. 951 BROKEN SOUND PKWY. NW, SUITE 250 BOCA RATON FL 33487-3531		20011844				
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E037	(10/04)		
City & State	ө	City & State			4. FEI Number 65-0876901		}	oplied For ot Applicable
Zip	Country	Zip	Cou	ntry	5. Certificate of Status Desired		8.75 Addee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re	gistered Ag	jent	
				Name	•		_	
C/O COMMUNITY ASSOCIATION SVCS., IN 951 BROKEN SOUND PKY. NW SUITE 250				Street Address (	P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	
	CA RATON FL 33487-3531							
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8. The above	named entity submits this statement for	r the purpose of changing its	registere	d office or register	red agent, or both, in the State of Flor		niliar with,	and accept
the obligati	ions of registered agent.		•	_	905			·
SIGNATURE .						79		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	Agent signature required	when reinstating)	DATE		
I	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Carr Trust Fund C	. •			e Check I a Departn		
10.	The residence of the property							
	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTORS IN	l 10
111.55	D	RECTORS Delete	11.	D	^		CTORS IN	10 Addition
NAME	D LEFEBER, HARRY		TITLE	D Joan	ne Waldorf			
NAME STREET ADDRESS	D LEFEBER, HARRY 22 LAKE EDEN DRIVE		TITLE NAME STREE	JOAN STADDRESS 41 C	one Waldorf Take Eden Drive			
NAME SIREET ADDRESS CITY-ST-ZIP	D LEFEBER, HARRY 22 LAKE EDEN DRIVE BOYNTON BEACH FL 33435	☐ Delete ·	TITLE NAME STREE CITY-	TADDRESS 41 2 SI-ZIP Box	ne Waldorf	44	<b>≥</b> Change	☐ Addition
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indicated on this report or supplemental report is rure 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.

ROBERT V. BURKE 2/8/05 561-740-9602

NO OFFICER OR DIRECTOR

Davis Daytine Phone #

## AITACHMENT 200/18/41

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•	Additions/Cha	non to Officer	+ Diraches.	
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