

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90135 002 ****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

30000343



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0876901

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

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

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)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME WALDORF, JOANNE
STREET ADDRESS 41 LAKE EDEN DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33444

TITLE ☐ Change ☒ Addition
NAME Bert Roth
STREET ADDRESS 5 Lake Eden Dr.
CITY-ST-ZIP Boynton Beach, FL 33444

TITLE SD ☒ Delete
NAME KOTLER, BOBBI
STREET ADDRESS 67 LAKE EDEN DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33444

TITLE ☐ Change ☐ Addition
NAME Harry LeFeber
STREET ADDRESS 22 Lake Eden Dr.
CITY-ST-ZIP Boynton Beach, FL 33444

TITLE VP ☐ Delete
NAME GEISSINGER, GREG
STREET ADDRESS 64 LAKE EDEN DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33444

TITLE ☐ Change ☐ Addition
NAME Charles Lyman
STREET ADDRESS 26 Lake Eden Dr.
CITY-ST-ZIP Boynton Beach, FL 33444

TITLE TD ☐ Delete
NAME LYNCH, CHRISTOPHER
STREET ADDRESS 32 LAKE EDEN DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33444

TITLE ☐ Change ☐ Addition

TITLE PD ☐ Delete
NAME BURKE, BOB
STREET ADDRESS 30 LAKE EDEN DR.
CITY-ST-ZIP BOYNTON BEACH, FL 33444

TITLE ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME VICTORIA, PETER
STREET ADDRESS 24 LAKE EDEN DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33444

TITLE ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Daytime Phone #

561-700-9602