


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90014 018 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40031959



01242007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0876901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	
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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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, BERT 5 LK EDEN DR BOYNTON BCH, FL 33444 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JSC JOANNE WALBORN 41 LK EDEN DR BOYNTON BEACH FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LEFEVER, HARRY 22 LK EDEN DR BOYNTON BCH, FL 33444 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	22 CHARLES LYMAN 26 LK EDEN DR BOYNTON BEACH FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEISSINGER, GREG 64 LAKE EDEN DRIVE BOYNTON BEACH, FL 33444 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNCH, CHRISTOPHER 32 LAKE EDEN DRIVE BOYNTON BEACH, FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, BOB 30 LAKE EDEN DR. BOYNTON BEACH, FL 33444 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTORIA, PETER 24 LAKE EDEN DRIVE BOYNTON BEACH, FL 33444 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date **2/15/07** Daytime Phone #