2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001390

SIGNATURE:

1. Entity Name
THE HILLS OF LAKE EDEN HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

FILED Mar 08, 2007 8:00 am Secretary of State 03-08-2007 90014 018 ****61.25

Daytime Phone #

2. Principal Place of Business - No P.O. Box # 3. Making Address Suite. Apr. #, etc.	951 BROKEN BOCA RATON	I SOUND PK	WY. NW, SUITE 250	COMMUNITY 951 BROKEN BOCA RATON	I SOUND PKV	W. NW, SUITE :	250	4	003195	9 	1 JULY 1814 83	
City & State Ci	2. Principal Pl	lace of Busin	ness - No P.O. Box#	3. Mailing Address								
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Zip Country Zip Country S. Certificate of Status Desired \$8. The Additional Control of Status Desired \$8. The Addit	City & State							 				
C/O COMMUNITY ASSOCIATION SVCS., INC. 951 BROKEN SOUND PKY, NW SUITE 250 BOCA RATON, FL 33487-3531 Chy Chy FL Zip Code 8. The above named entity submits this attainment 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 chigations of registered agent. SIGNATURE SIGNATURE Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution Trus	Zip	Zip Country Zip				Country	Country 5 Certificate of Status Desired \$8.75 Additions					litional
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SITE Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				-		Name						
City FL Zip Code 8. The above named entity aubmits 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, Londor pritted name of registered agent and the if applicable. POTE Registered Agent signature required when resultancy. POTE Registered Agent signature required when resultancy. DATE **SIGNATURE** Signature, Londor pritted name of registered agent and the if applicable. POTE Registered Agent signature required when resultancy. DATE **SIGNATURE** Signature, Londor pritted name of registered agent and the if applicable. POTE Registered Agent signature required when resultancy. DATE **Make Commission** Signature (London pritted name of registered agent and the if applicable in the interest of the	951 BROK SUITE 250	EN SOUN	ND PKY. NW	., INC.	Street Address (P.O. Box Number is Not Acceptable)							
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