## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N98000001180

FILED Jun 23, 2005 Secretary of State

Entity Name: THE FALLS AT MIRROR LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

25 HOMESTEAD RD N SUITE 11 LEHIGH ACRES, FL 33936

**New Mailing Address: Current Mailing Address:** 

25 HOMESTEAD RD N SUITE 11 LEHIGH ACRES, FL 33936

FEI Number: 65-6230153 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORGAN, JOHN M 8911 DANIELS PKWY UNIT 6 FORT MYERS, FL 33912 US

**OFFICERS AND DIRECTORS:** 

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.

SIGNATURE:

Address:

City-St-Zip:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

25 HOMESTEAD RD. N., SUITE 11 LEHIGH ACRES, FL 33936

() Delete (X) Change ( ) Addition GOERTZ, DOMINIK BRUNNER, HEINZ Name: Name: 25 HOMESTEAD RD. N., SUITE 11 Address: 25 HOMESTEAD RD. N., SUITE 11 Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936 Title: Title: (X) Change ( ) Addition ( ) Delete BOROSCH, HILDEGARD Name: BOROSCH, CONCEPCION M Name: Address: 25 HOMESTEAD RD. N., SUITE 11 Address: 25 HOMESTEAD RD. N., SUITE 11 City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936 Title: STD () Delete Title: (X) Change ( ) Addition MORGAN, JOHN M MORGAN, JOHN M Name: Name: 8911 DANIELS PKWY, UNIT 6 8911 DANIELS PKWY, UNIT 6 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: ST ( ) Change (X) Addition Name: Name: BOROSCH, CONCEPCION M Address: Address: 25 HOMESTEAD RD. N., SUITE 11 City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33936 Title: () Delete Title: ( ) Change (X) Addition LORENZ, SIGFRIED Name: Name: 420 LEE BOULEVARD Address: Address: City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33936 Title: () Delete Title: ( ) Change (X) Addition STERR, GERHARD Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CONCEPCION M. BOROSCH ST 06/23/2005