



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90111 010 \*\*\*\*61.25

<b>DOCUMENT # N98000001180</b> 1. Entity Name <b>THE FALLS AT MIRROR LAKES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 25 HOMESTEAD RD N SUITE 11 LEHIGH ACRES, FL 33936			Mailing Address 25 HOMESTEAD RD N SUITE 11 LEHIGH ACRES, FL 33936		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-6230153</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MORGAN, JOHN M</b> <b>8911 DANIELS PKWY</b> <b>UNIT 6</b> <b>FORT MYERS, FL 33912</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BRUNNER, HEINZ</b> <input checked="" type="checkbox"/> Delete 25 HOMESTEAD RD. N., SUITE 11 LEHIGH ACRES, FL 33936				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BOROSCH, CONCEPCION M</b> <input checked="" type="checkbox"/> Delete 25 HOMESTEAD RD. N., SUITE 11 LEHIGH ACRES, FL 33936				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MORGAN, JOHN M</b> <input type="checkbox"/> Delete 8911 DANIELS PKWY, UNIT 6 FORT MYERS, FL 33912				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>BOROSCH, CONCEPCION M</b> <input type="checkbox"/> Delete 25 HOMESTEAD RD. N., SUITE 11 LEHIGH ACRES, FL 33936				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LORENZ, SIGFRIED</b> <input type="checkbox"/> Delete 420 LEE BOULEVARD LEHIGH ACRES, FL 33936				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STERR, GERHARD</b> <input checked="" type="checkbox"/> Delete 25 HOMESTEAD RD. N., SUITE 11 LEHIGH ACRES, FL 33936				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RICHARD LIBERTO</b> <b>602 MIRROR LAKES DR COURT</b> <b>LEHIGH ACRES, FL 33936</b>					
V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HEINZ BRUNNER</b> <b>25 HOMESTEAD RD. N. SUITE 11</b> <b>LEHIGH ACRES, FL 33936</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LORE CLOUSE</b> <b>1261 HOMESTEAD RD. SUITE 205</b> <b>LEHIGH ACRES, FL 33936</b>					
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.					
<b>SIGNATURE:</b>  <b>SIEGFRIED LORENZ</b> 2-13-06 1343647111					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					