

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90116 040 ****61.25

DOCUMENT # N98000001180 1. Entity Name THE FALLS AT MIRROR LAKES HOMEOWNERS ASSOCIATION, INC.			
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address THE FALLS AT MIRROR LAKES HOMEOWNERS ASSOCIATION INC. Suite, Apt. #, etc. 420	
City & State LEHIGH ACRES FL		City & State LEHIGH ACRES FL	
Zip 33936	Country U.S.A.	4. FEI Number 65-6230153	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORGAN, JOHN M 8911 DANIELS PKWY UNIT 6 FORT MYERS, FL 33912		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME LIBERTO, RICHARD STREET ADDRESS 602 MIRROR LAKES DR CT CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BRUNNER, HEINZ STREET ADDRESS 25 HOMESTEAD RD N STE 11 CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MORGAN, JOHN M STREET ADDRESS 8911 DANIELS PKWY, UNIT 6 CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME BOROSCH, CONCEPCION M STREET ADDRESS 25 HOMESTEAD RD. N., SUITE 11 CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LORENZ, SIGFRIED STREET ADDRESS 420 LEE BOULEVARD CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CLOUSE, LORRE STREET ADDRESS 1261 HOMESTEAD RD STE 205 CITY-ST-ZIP LEHIGH ACRES, FL 33936	<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 like empowered.			
SIGNATURE: <u><i>Sigfried Lorenz</i></u> SIGFRIED LORENZ 1-12-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			