

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

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
**THE FALLS AT MIRROR LAKES H.O.A., INC
420 LEE BOULEVARD
LEHIGH ACRES, FL 33936**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6230153

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIBERTO, RICHARD
STREET ADDRESS	602 MIRROR LAKES DR CT
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	VP
NAME	BRUNNER, HEINZ
STREET ADDRESS	25 HOMESTEAD RD N STE 11
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	D
NAME	MORGAN, JOHN M
STREET ADDRESS	8911 DANIELS PKWY, UNIT 6
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	ST
NAME	BOROSCH, CONCEPCION M
STREET ADDRESS	25 HOMESTEAD RD. N., SUITE 11
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	D
NAME	LORENZ, SIGFRIED
STREET ADDRESS	420 LEE BOULEVARD
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	D
NAME	CLOUSE, LORRE
STREET ADDRESS	1261 HOMESTEAD RD STE 205
CITY-ST-ZIP	LEHIGH ACRES, FL 33936

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04/25/08-80073-022 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #