

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001180

FILED
Apr 11, 2011
Secretary of State

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

Current Principal Place of Business:

25 HOMESTEAD RD N
SUITE 11
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-6230153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZ, SIEGFRIED
420 LEE BLVD
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SAX, DAVID
Address: 602 MIRROR LAKES FALLS CT
City-St-Zip: LEHIGH ACRES, FL 33974

Title: VP
Name: SAX, GRETCHEN
Address: 14620 BALT EAGLE DRIVE
City-St-Zip: FT MYERS, FL 33912

Title: D
Name: LORENZ, SIEGFRIED L
Address: 420 LEE BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: STD
Name: SWORDS, MICHAEL S
Address: 1251 TAYLOR LANE, UNIT 5C
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D
Name: LORENZ, SIGFRIED
Address: 420 LEE BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D
Name: BRUNNER, HEINZ
Address: 614 MIRROR LAKES FALL CT
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL SWORDS

STD

04/11/2011

Electronic Signature of Signing Officer or Director

Date