

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 707125 (1)**

1. Corporation Name

**MIAMI LAKES CIVIC ASSOCIATION INC.**

Principal Place of Business

**6853 MAIN STREET  
MIAMI LAKES FL 33014-2048  
US**

Mailing Address

**6853 MAIN STREET  
MIAMI LAKES FL 33014-2048  
US**



3. Date Incorporated or Qualified

**04/08/1964**

3a. Date of Last Report

**02/14/1995**

4. FEI Number

**59-1784462**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

**SLATON, C. WAYNE  
7425 MIAMI LAKES DR WEST  
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

**6853 MAIN STREET**

83.

84. City

**MIAMI LAKES**

**FL**

85. Zip Code

**33014**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **COOK, DOROTHY**  
STREET ADDRESS **6850 QUEEN PALM TERR.**  
CITY-ST-ZIP **MIAMI LAKES, FL 00000**

TITLE **D** ☐ DELETE

NAME **BOCK, RICHARD**  
STREET ADDRESS **14007 LK GEORGE CT**  
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **P** ☐ DELETE

NAME **SLATON, C. WAYNE**  
STREET ADDRESS **8540 MENTEITH TERR.**  
CITY-ST-ZIP **MIAMI LAKES, FL 00000**

TITLE **D** ☒ DELETE

NAME **CAMPBELL, PAT**  
STREET ADDRESS **7203 JACARANDA LN**  
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**T** ☐ Change ☒ Addition

**MIKE GUANCHE  
14600 MAHOGANY COURT  
MIAMI LAKES, FL 33014**

**S** ☐ Change ☒ Addition

**TINA MALLARD  
8527 ARDOCH ROAD  
MIAMI LAKES, FL 33016**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Wayne Slaton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Wayne Slaton President**

**2-25-96 205-558-7785**

Date

Daytime Phone #

CR2E037 (12/95)