

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N24469 (1)

1. Corporation Name
MIAMI LAKES-LAKE ELIZABETH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 15478 N.W. 77TH CT. SUITE #234 MIAMI LAKES FL 33016	Mailing Address 15478 N.W. 77TH CT. SUITE #234 MIAMI LAKES FL 33016-5823
--	---

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0103854	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country	30. Country	

9. Name and Address of Current Registered Agent HOLDSWORTH, EARLENE 8846 GLENCAIRN TERRACE MIAMI LAKES FL 33016	10. Name and Address of New Registered Agent 81 Name MARIANNE GUZMAN 82 Street Address (P.O. Box Number is Not Acceptable) 8630 Ardoch Road 83 84 City Miami Lakes FL 85 Zip Code 33016
---	---

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 MARIANNE S. GUZMAN Marianne Guzman DATE 3/7/97

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, LOUIS	1.2 NAME	ARRASTIA, CARLOS
STREET ADDRESS	14549 GLENCAIRN ROAD	1.3 STREET ADDRESS	14341 Ardoch Place
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	Miami Lakes FL
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTAGUE, TOM	2.2 NAME	MARTIN, FRANK
STREET ADDRESS	14849 GLENCAIRN RD	2.3 STREET ADDRESS	8538 Glencairn Ln
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	Miami Lakes FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMER, ROSA NELL	3.2 NAME	RUBI, ARMANDO
STREET ADDRESS	14850 GLENCAIRN ROAD	3.3 STREET ADDRESS	14629 Glencairn Rd
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	Miami Lakes FL
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTAGUE, MARYLOU	4.2 NAME	LOPEZ, PATRICIA
STREET ADDRESS	14849 GLENCAIRN RD	4.3 STREET ADDRESS	8600 Ardoch Road
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	Miami Lakes FL
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDSWORTH, EARLENE	5.2 NAME	GUZMAN, MARIANNE
STREET ADDRESS	8846 GLENCAIRN TERR.	5.3 STREET ADDRESS	8630 Ardoch Road
CITY-ST-ZIP	MIAMI LAKES FL	5.4 CITY-ST-ZIP	Miami Lakes FL
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTICICA, CLAUDIO	6.2 NAME	ROBINSON, NEILL
STREET ADDRESS	8447 GLENCAIRN TERR	6.3 STREET ADDRESS	14640 Glencairn Rd
CITY-ST-ZIP	MIAMI LAKES FL	6.4 CITY-ST-ZIP	Miami Lakes FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARIANNE S. GUZMAN Marianne Guzman 3/7/97 305-561-2414

CR2E037 (9/96)