


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 18 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24469 (1)**  
1. Corporation Name  
**MIAMI LAKES-LAKE ELIZABETH HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>15476 N.W. 77TH CT. SUITE #234 MIAMI LAKES FL 33016</b>	Mailing Address <b>15476 N.W. 77TH CT. SUITE #234 MIAMI LAKES FL 33016</b>
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3. Date Incorporated or Qualified <b>01/22/1988</b>	
4. FEI Number <b>65-0103854</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2e. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>GUZMAN, MARIANNE 8830 ARDOCH ROAD MIAMI LAKES FL 33018</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 S. Guzman* **2/2/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARRASTIA, CARLOS</b> <b>14341 ARDOCH PLACE</b> <b>MIAMI LAKES FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARTIN, FRANK</b> <b>8538 GLENCAIRN LANE</b> <b>MIAMI LAKES FL</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAMMER, ROSA NELL</b> <b>14850 GLENCAIRN ROAD</b> <b>MIAMI LAKES FL</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LOPEZ, PATRICIA</b> <b>8800 ARDOCH ROAD</b> <b>MIAMI LAKES FL</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GUZMAN, MARIANNE</b> <b>8830 ARDOCH ROAD</b> <b>MIAMI LAKES FL</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBINSON, NEILL</b> <b>14840 GLENCAIRN RD</b> <b>MIAMI LAKES FL</b>	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>S</b> <b>LOPEZ, VINCENT</b> <b>8600 ARDOCH RD</b> <b>MIAMI LAKES FL 33016</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I 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 S. Guzman* **2/2/98** 305-556-2114  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)