
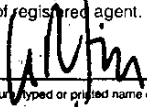
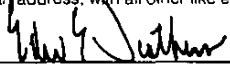


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90167 045 \*\*\*\*61.25

<b>DOCUMENT # N24469</b>					
1. Entity Name <b>MIAMI LAKES-LAKE ELIZABETH HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 15476 N.W. 77TH CT. PMB 234 MIAMI LAKES, FL 33016		Mailing Address 15476 N.W. 77TH CT. PMB 234 MIAMI LAKES, FL 33016			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0103854</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FEATHERS, EDWIN E</b> 14559 GLENCAIRN ROAD MIAMI LAKES, FL 33016			Name <b>ALBERTO R. DIAZ</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>7925 NW 12TH ST SUITE 125</b>		
			City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>		
			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: 		<b>ALBERTO R. DIAZ, PRESIDENT</b>		DATE <b>APRIL 29, 2008</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STAPLEFORD, HARRY</b>		NAME	<b>LONGNECKER, CHARLES</b>	
STREET ADDRESS	<b>14431 GLENCAIRN ROAD</b>		STREET ADDRESS	<b>8636 GLENCAIRN TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>		CITY-ST-ZIP	<b>MIAMI LAKES FL 33016</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NAVARINI, LINA</b>		NAME	<b>MORIN, GERARD</b>	
STREET ADDRESS	<b>14442 ARDOCH PLACE</b>		STREET ADDRESS	<b>14529 GLENCAIRN ROAD</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>		CITY-ST-ZIP	<b>MIAMI LAKES FL 33016</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, ALBERTO R</b>		NAME	<b>DIAZ, ALBERTO R</b>	
STREET ADDRESS	<b>7855 NW 12TH STREET SUITE 212</b>		STREET ADDRESS	<b>7925 NW 12TH ST SUITE 125</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>		CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IRWIN, RON</b>		NAME	<b>VIANA, LEO</b>	
STREET ADDRESS	<b>14550 GLENCAIRN ROAD</b>		STREET ADDRESS	<b>14630 GLENCAIRN ROAD</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>		CITY-ST-ZIP	<b>MIAMI LAKES FL 33016</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEATHERS, EDWIN E</b>		NAME	<b>FEATHERS, EDWIN E</b>	
STREET ADDRESS	<b>14559 GLENCAIRN ROAD</b>		STREET ADDRESS	<b>14559 GLENCAIRN ROAD</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>		CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONROIG, ROBERTO</b>		NAME		
STREET ADDRESS	<b>14541 ARDOCH PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>		CITY-ST-ZIP		
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: 			DATE: <b>APRIL 24, 2008 (305)817-4056</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		