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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N32407** (1)

1. Corporation Name

MIAMI LAKES LAKE CAROL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JOSEPH HARVEST
14733 BRECKNESS PL.
MIAMI LAKES FL 33016

P.O. BOX 4544
MIAMI LAKES FL 33014
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1989** 3a. Date of Last Report **03/11/1994**
4. FEI Number **65-0159373** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPODIFERRO, ANDREW
14653 BRECKNESS PLACE
P.O. BOX 5227 N/A
MIAMI LAKES FL 33016

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **RESIDENT** DATE **2/8/95**
Signature type and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **CONROY, THOMAS**
STREET ADDRESS **14757 BRECKNESS PL**
CITY-ST-ZIP **MIAMI LAKES FL**
TITLE **VD**
NAME **LESSOR, PAMELA** DELETE
STREET ADDRESS **14536 BALGOWAN RD.**
CITY-ST-ZIP **MIAMI LAKES FL**
TITLE **TD**
NAME **BUCKER, ROMAN** DELETE
STREET ADDRESS **14811 BRECKNESS PLACE**
CITY-ST-ZIP **MIAMI LAKES FL**
TITLE **PD**
NAME **CAPODIFERRO, ANDREW**
STREET ADDRESS **14653 BRECKNESS PLACE**
CITY-ST-ZIP **MIAMI LAKES FL**
TITLE **D**
NAME **HARVEST, JOSEPH**
STREET ADDRESS **14733 BRECKNESS PLACE**
CITY-ST-ZIP **MIAMI LAKES FL**
TITLE **D**
NAME **WHITTEN, ANITA** DELETE
STREET ADDRESS **8571 ARDOCH RD.**
CITY-ST-ZIP **MIAMI LAKES FL**

1.1 TITLE Change Addition
1.2 NAME **SD STEVE FORD**
1.3 STREET ADDRESS **14827 BRECKNESS PL**
1.4 CITY-ST-ZIP **MIAMI LAKES FL 33016**
2.1 TITLE Change Addition
2.2 NAME **VD ANITA WHITTEN**
2.3 STREET ADDRESS **8571 ARDOCH RD**
2.4 CITY-ST-ZIP **MIAMI LAKES FL 33016**
3.1 TITLE Change Addition
3.2 NAME **TD MORISS SALISS**
3.3 STREET ADDRESS **8517 ARDOCH RD**
3.4 CITY-ST-ZIP **MIAMI LAKES FL 33016**
4.1 TITLE Change Addition
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 Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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*****68.75 *****68.75

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 110.07(3)(g), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: _____
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANDREW GARY DEERB, PRES.

[Handwritten initials]
3-3-95