

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 # **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**

3. Date incorporated or Qualified **05/19/1989** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0159373** Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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

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 **Joseph Harvest**
82 Street Address (P.O. Box Number is Not Acceptable) **14733 BRECKNESS PLACE**
83
84 City **MIAMI LAKES** FL 85 Zip Code **33016**

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 *Joseph Harvest - President* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, THOMAS	1.2 NAME	THOMAS CONROY
STREET ADDRESS	14757 BRECKNESS PL	1.3 STREET ADDRESS	14757 BROOKNEYS PLACE
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTEN, ANITA	2.2 NAME	
STREET ADDRESS	8571 ARDOCH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALISS, MORISS	3.2 NAME	MORISS SALISS
STREET ADDRESS	8547 ARDOCH ROAD	3.3 STREET ADDRESS	8547 ARDOCH ROAD
CITY-ST-ZIP	MIAMI LAKES FL 33016	3.4 CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPODIFERRO, ANDREW	4.2 NAME	ANDREW CAPODIFERRO
STREET ADDRESS	14653 BRECKNESS PLACE	4.3 STREET ADDRESS	14653 BRECKNESS PLACE
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEST, JOSEPH	5.2 NAME	JOSEPH HARVEST
STREET ADDRESS	14733 BRECKNESS PLACE	5.3 STREET ADDRESS	14733 BRECKNESS PLACE
CITY-ST-ZIP	MIAMI LAKES FL	5.4 CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	STEVE FORD SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BRECKNESS PLACE
STREET ADDRESS		6.3 STREET ADDRESS	MIAMI LAKES FL 33016
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Joseph Harvest* 2/20/96 (305) 823 3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)