

5-20-97 B - 7616 - XC
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FILED
 May 20 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 # 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 33014-0544 US

3. Date Incorporated or Qualified 05/19/1989
 3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address
 21 14653 Breckness Place 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27
 23 MIAMI LAKES FL 28
 Zip Country 29 Zip Country
 24 33016 25 DR 30

4. FEI Number 65-0159373 Applied For Not Applicable
 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
 HARVEST, JOSEPH
 14733 BRECKNESS PLACE
 MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent
 81 Name ANDREW CAPODIFERRO
 82 Street Address (P.O. Box Number is Not Acceptable) 14653 BRECKNESS PL.
 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 617.0502, Florida Statutes.
 SIGNATURE *Joseph Harvest* *Joseph Harvest* DATE 5/12/97
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	CONROY, THOMAS	
STREET ADDRESS	14757 BRECKNESS PL	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHITTEN, ANITA	
STREET ADDRESS	8571 ARDOCH ROAD	
CITY - ST - ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALISS, MORISS	
STREET ADDRESS	8547 ARBOCH ROAD	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPODIFERRO, ANDREW	
STREET ADDRESS	14653 BRECKNESS PLACE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HARVEST, JOSEPH	
STREET ADDRESS	14733 BRECKNESS PLACE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORD, STEVE	
STREET ADDRESS	14733 BRECKNESS PLACE	
CITY - ST - ZIP	MIAMI LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	IRENE HYATT	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	MIAMI LAKES, FL, 33016	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* REQUIRED *Joseph Harvest, Treas.* DATE 5/12/97 305 8233100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023098

CR2E037 (9/96)