

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

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1. Corporation Name

MIAMI LAKES-LAKE CAROL HOMEOWNERS' ASSOCIATION,
INC.

Principal Place of Business
14653 BRECKNESS PLACE
MIAMI LAKES FL 33016
US

Mailing Address
P.O. BOX 4544
MIAMI LAKES FL 33014
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

05/19/1989

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

9. Name and Address of Current Registered Agent

CAPODIFERRO, ANDREW
14653 BRECKNESS PL
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME CONROY, THOMAS
STREET ADDRESS 14757 BRECKNESS PL
CITY-ST-ZIP MIAMI LAKES FL

TITLE D
NAME HYATT, IRENE
STREET ADDRESS 8571 ARDOCH ROAD
CITY-ST-ZIP MIAMI LAKES FL

TITLE D
NAME SALISS, MORISS
STREET ADDRESS 8547 ARBOCH ROAD
CITY-ST-ZIP MIAMI LAKES FL

TITLE P
NAME CAPODIFERRO, ANDREW
STREET ADDRESS 14653 BRECKNESS PLACE
CITY-ST-ZIP MIAMI LAKES FL

TITLE T
NAME HARVEST, JOSEPH
STREET ADDRESS 14733 BRECKNESS PLACE
CITY-ST-ZIP MIAMI LAKES FL

TITLE SD
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 DIRECTOR
1.2 NAME PHAGAN, SANDRA
1.3 STREET ADDRESS 8420 REDNOCK LANE
1.4 CITY-ST-ZIP MIAMI LAKES FL 33016

2.1 TITLE DIRECTOR
2.2 NAME ROWELL, DONALD
2.3 STREET ADDRESS 14715 BRECKNESS PLACE
2.4 CITY-ST-ZIP MIAMI LAKES FL 33016

3.1 TITLE DIRECTOR
3.2 NAME ROBERT GELBERG
3.3 STREET ADDRESS 8559 ARBOCH ROAD
3.4 CITY-ST-ZIP MIAMI LAKES FL 33016

4.1 TITLE
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
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

JOSEPH HARVEST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER
2/22/99 (305) 823 3100
Date Daytime Phone #

CR2E037 (1/98)