

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90128 025 ****61.25

DOCUMENT # N32407

1. Entity Name

MIAMI LAKES-LAKE CAROL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14653 BRECKNESS PLACE
 MIAMI LAKES FL 33016
 US

P.O. BOX 4544
 MIAMI LAKES FL 33014
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0159373

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPODIFERRO, ANDREW
14653 BRECKNESS PL
MIAMI LAKES FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete
 NAME **WHITTEN, ANITA**
 STREET ADDRESS **8535 ARDOCK ROAD**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **VP** Change Addition
 NAME **DALE WHITTEN**
 STREET ADDRESS **8535 ARDOCK RD**
 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **D** Delete
 NAME **CESAROTTI, ROSE**
 STREET ADDRESS **14536 BALGOUNI RD**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PHAGAN, SANDRA**
 STREET ADDRESS **8420 REDNOCK LN**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **ROWELL, DONALD**
 STREET ADDRESS **14715 BREEKNES PL**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LAUNERTS, MITZI**
 STREET ADDRESS **14647 BRECKNESS PL**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *Donald Rowell* **SIGNATURE REQUIRED** *Donald Rowell Treasurer 1-21-02 305-827-8140*

CR2E037 (9/01)