2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N32407

Entity Name: MIAMI LAKES-LAKE CAROL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

14540 BALGOWAN RD.
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4544
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 65-0159373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPIN, BARBARA F
C/O EXCEL MANAGEMENT
2510 NW 97 AVE. #200
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/T ( ) Delete
Name: DAUBERT, TIMOTHY
Address: 14851 BRECNESS PLACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP ( ) Delete
Name: FISCHER, MIKE
Address: 8551 ARDOCH ROAD
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete
Name: ROWELL, DONALD
Address: 14715 BREEKNESS PL
City-St-Zip: MIAMI LAKES, FL 33016

Title: D (X) Delete
Name: RENARD, AMARO
Address: 148 24 BALGOWAN RD
City-St-Zip: MIAMI LAKES, FL 33016

Title: S (X) Delete
Name: HECHEVARRIA, MEYLIN
Address: 8503 ARDOCH RD.
City-St-Zip: MIAMI LAKES, FL 33016

Title: D (X) Delete
Name: FERRES, NANCY
Address: 14737 BRECKNESS PLACE
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAUBERT, TIMOTHY
Address: 14851 BRECNESS PLACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP/T (X) Change ( ) Addition
Name: ROWELL, DONALD
Address: 14715 BRECKNESS PLACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: S (X) Change ( ) Addition
Name: PHAGAN, SANDRA
Address: 8420 REDNOCK LANE
City-St-Zip: MIAMI LAKES, FL 33016

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA F. CAPIN MGR 03/03/2009
Electronic Signature of Signing Officer or Director — Date