

# 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 # **N34254** (5)

1. Corporation Name

**MIAMI LAKES LAKE ADELE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

7181 BAMBOO ST  
MIAMI LAKES FL 33014

7181 BAMBOO ST  
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified  
**09/19/1989**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**65-0146584**

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

10. Name and Address of New Registered Agent

SEIPP, RUSSELL  
7181 BAMBOO ST  
MIAMI LAKES FL 33014

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME ANKERSON, HARRY P.  
STREET ADDRESS 13941 LEANING PINE DRIVE  
CITY-ST-ZIP MIAMI LAKES FL

1.1 TITLE PD  Change  Addition  
1.2 NAME ROBERT A MADDEN  
1.3 STREET ADDRESS 14000 CYPRESS COURT  
1.4 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE VD  DELETE  
NAME BARNES, ELDON  
STREET ADDRESS 14140 CYPRESS COURT  
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME SEIPP, DOROTHY  
STREET ADDRESS 7181 BAMBOO STREET  
CITY-ST-ZIP MIAMI LAKES FL

3.1 TITLE SP  Change  Addition  
3.2 NAME PATRICIA B ANKERSON  
3.3 STREET ADDRESS 13941 LEANING PINE DRIVE  
3.4 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE TD  DELETE  
NAME SEIPP, RUSSELL  
STREET ADDRESS 7181 BAMBOO ST  
CITY-ST-ZIP MIAMI LAKES FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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:

*Russell M Seipp*  
RUSSELL M SEIPP APR 22 1996

Date

Daytime Phone #

CR2E037 (12/95)