

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 722473**

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** MIAMI LAKES LOCH LOMOND WEST HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6950 SHARPECROFT CT.  
MIAMI LAKES, FL 330142010

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4852  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FANDINO-CAPIN, BARBARA  
2510 NW 97 AVENUE  
SUITE # 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: PD  
Name: MCCARTHY, AIDA  
Address: 6950 SHARPECROFT CT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD  
Name: GOURLEY, RICHARD  
Address: 6971 SHARPECROFT CT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD  
Name: BARDON, THOMAS  
Address: 6951 CROWN GATE PL.  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD  
Name: ROJAS, ALEJANDRO  
Address: 15500 SHAPERCROFT DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD  
Name: URIA, LUIS  
Address: 7012 CROWN GATE COURT  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby 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 all other like empowered.

**SIGNATURE:** MCCARTHY, AIDA

PD

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date