2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32407

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

INC.

Current Principal Place of Business:

C/O THE CAPIN GROUP 14160 PALMETTO FRONTAGE ROAD SUITE 33

MIAMI LAKES, FL 33016

Current Mailing Address:

C/O THE CAPIN GROUP 14160 PALMETTO FRONTAGE ROAD SUITE 33 MIAMI LAKES, FL 33016 US

FEI Number: 65-0159373 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AVCHEN, BARNEY BJD. P.A. 1840 WEST 49TH STREET 226 PALM SPRINGS CENTER HIALEAH, FL 33012 US

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:

Officer/Director Detail:

Title Title VΡ

Electronic Signature of Registered Agent

Name AMARO, RENARD Name ROWELL, DON

Address C/O THE CAPIN GROUP Address C/O THE CAPIN GROUP

> 14160 PALMETTO FRONTAGE ROAD 14160 PALMETTO FRONTAGE ROAD

SUITE 33 SUITE 33

MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 City-State-Zip: City-State-Zip:

S Т Title Title

Name PHAGAN, SANDRA Name MORALES, ROBERT

Address C/O THE CAPIN GROUP Address C/O THE CAPIN GROUP

14160 PALMETTO FRONTAGE ROAD 14160 PALMETTO FRONTAGE ROAD SHITE 33 SHITE 33

MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 City-State-Zip: City-State-Zip:

Title Title

FARRES, NANCY Name AGRENOT, LOREN Name

C/O THE CAPIN GROUP C/O THE CAPIN GROUP Address Address

> 14160 PALMETTO FRONTAGE ROAD 14160 PALMETTO FRONTAGE ROAD SUITE 33

SUITE 33

City-State-Zip: MIAMI LAKES FL 33016 City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR ROWELL, DON Name

Address C/O THE CAPIN GROUP

14160 PALMETTO FRONTAGE ROAD

SUITE 33

City-State-Zip: MIAMI LAKES FL 33016

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.

01/25/2016 SIGNATURE: RENARD AMARO **PRESIDENT**

FILED Jan 25, 2016 Secretary of State CC7735468492

Date