

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707125** (1)

1. Corporation Name
MIAMI LAKES CIVIC ASSOCIATION INC.



Principal Place of Business 15151 MONTROSE RD MIAMI LAKES FL 33016-6430 US	Mailing Address 15151 MONTROSE RD MIAMI LAKES FL 33016-6430 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/08/1964	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1784462	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SLATON, C. WAYNE 15151 MONTROSE RD MIAMI LAKES FL 33016	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	COOK, DOROTHY
STREET ADDRESS	6850 QUEEN PALM TERR.
CITY - ST - ZIP	MIAMI LAKES, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	BOCK, RICHARD
STREET ADDRESS	14007 LK GEORGE CT
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	<input type="checkbox"/> DELETE
NAME	SLATON, C. WAYNE
STREET ADDRESS	8540 MENTEITH TERR.
CITY - ST - ZIP	MIAMI LAKES, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GUANCHE, MIKE
STREET ADDRESS	14600 MAHOGANY COURT
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MALLARD, TINA
STREET ADDRESS	8527 ARDOCH ROAD
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	<input type="checkbox"/> DELETE
NAME	GLENNON, JOANNE
STREET ADDRESS	14601 BALGOWAN RD #2-205
CITY - ST - ZIP	MIAMI LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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: C. Wayne Slaton **RE C. WAYNE SLATON** 1/12/98 305 558-7755

CR2E037 (10/97)