


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90003 041 ****61.25

DOCUMENT # 707125 1. Entity Name MIAMI LAKES CIVIC ASSOCIATION INC.					
Principal Place of Business 15151 MONTROSE RD MIAMI LAKES, FL 33016 US			Mailing Address 15151 MONTROSE RD MIAMI LAKES, FL 33016 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1784462			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COOK, DOROTHY G 6850 QUEEN PALM TERRACE MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, TRISH 7260 LOCH NESS DR. MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Garrison, Angela 6371 Lake Champlain Terr Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRISON, ANGELA 6371 LAKE CHAMPLAIN TERR. MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Cook, Dorothy 6850 Queen Palm Ter. Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, PAT 14601 BALGOWAN ROAD #2-106 MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Clavelo, Massie 15257 NW 88th Court Miami Lakes, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEYER, RUSS 14725 BALGOWAN ROAD #204 MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Collins, John 14817 Balgowan Road #102 Miami Lakes, Florida 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DOROTHY 6850 QUEEN PALM TER. MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8/8/05 Daytime Phone # _____		

50061010



08022005 Chg-NP CR2E037 (10/03)



ATTACHMENT
50061010

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 2, 2005

MIAMI LAKES CIVIC ASSOCIATION INC.
15151 MONTROSE RD
MIAMI LAKES, FL 33016 US

SUBJECT: MIAMI LAKES CIVIC ASSOCIATION INC.
Ref. Number: 707125

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 605A00049746

8/8/05 Called + left message. SSA 245-6059



ATTACHMENT
50061010
Division of Corporations

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Document Number

707125

Business Entity Name

MIAMI LAKES CIVIC ASSOCIATION INC.

FEI Number

591784462

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

15151 MONTROSE RD

Suite, Apt. #, etc.

City, State

MIAMI LAKES**FL**

Zip Code & Country

33016**US****Mailing Address**

Address

15151 MONTROSE RD

Suite, Apt. #, etc.

City, State

MIAMI LAKES**FL**

Zip Code & Country

33016**US****Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

COOK**DOROTHY****G**

-or- RA Business Name

Address (PO Box is not acceptable)

6850 QUEEN PALM TERRACE

Suite, Apt. #, etc.

City, State

MIAMI LAKES**FL**

Zip Code & Country

33014**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

ATTACHMENT

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	P
Name (Last, First, Middle, Title)	GARRISON, ANGELA, ,
-or- Entity Name	
Street Address	6371 LAKE CHAMPLAIN TERRACE
City, State	MIAMI LAKES, FL
Zip Code & Country	33014,
Title	VP
Name (Last, First, Middle, Title)	COOK, DOROTHY, ,
-or- Entity Name	
Street Address	6850 QUEEN PALM TERRACE
City, State	MIAMI LAKES, FL
Zip Code & Country	33014,
Title	S
Name (Last, First, Middle, Title)	COLLINS, JOHN, ,
-or- Entity Name	
Street Address	14817 BALGOWAN ROAD #102
City, State	MIAMI LAKES, FL
Zip Code & Country	33016,
Title	VP
Name (Last, First, Middle, Title)	CLAVELO, MAGGIE, ,
-or- Entity Name	
Street Address	15257 N.W. 88th COURT
City, State	MIAMI LAKES, fl
Zip Code & Country	33018,
Title	D
Name (Last, First, Middle, Title)	THOMSON, CLARE, ,
-or- Entity Name	
Street Address	14030 CYPRESS COURT
City, State	MIAMI LAKES, FL
Zip Code & Country	33014,
Title	D

707125
SD 061070

Name (Last, First, Middle, Title) ECHOLS BOB
-or- Entity Name
Street Address 14120 LAKE CANDLEWOOD COURT
City, State MIAMI LAKES FL
Zip Code & Country 33014

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRES

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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