

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90129 010 ****70.00

DOCUMENT # 707125



1. Entity Name
MIAMI LAKES CIVIC ASSOCIATION INC.

Principal Place of Business Mailing Address
15151 MONTROSE RD **15151 MONTROSE RD**
MIAMI LAKES FL 33016 **MIAMI LAKES FL 33016**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1784462** Applied For
Not Applicable

5. Certificate of Status Desired **\$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 **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | COOK, DOROTHY G | |
| STREET ADDRESS | 6850 QUEEN PALM TERRACE | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BOCK, RICHARD | |
| STREET ADDRESS | 14007 LAKE GEORGE COURT | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GARRISON, ANGELA | |
| STREET ADDRESS | 6371 LAKE CHAMPLAIN TERRACE | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | JONES, PAT | |
| STREET ADDRESS | 14601 BALGOWAN ROAD #2-106 | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GEYER, RUSS | |
| STREET ADDRESS | 14725 BALGOWAN ROAD #204 | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WESTWOOD, TOM | |
| STREET ADDRESS | 16429 FOX DEN COURT | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Dorothy G. Cook* **Dorothy G. Cook**

3/3/03

CR2E037 (10/02)