

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719249 (5)

1. Corporation Name

MIAMI LAKES GOLF COURSE VILLAGE HOMEOWNERS' ASSO
CIATION, NO. 13, INC.

Principal Place of Business

7370 BIG CYPRESS DR
MIAMI LAKES FL 33014
US

Mailing Address

7370 BIG CYPRESS DR
MIAMI LAKES FL 33014
US



3. Date Incorporated or Qualified

09/02/1970

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2376040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILLIAM H SUTTON II
7370 BIG CYPRESS DR
MIAMI LAKES FL 33014-9507

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAM H SUTTON PRES. +
STREET ADDRESS 7370 BIG CYPRESS DR DIRECTOR
CITY-ST-ZIP MIAMI LAKES FL

TITLE VP
NAME FRED CARROLL VICE-PRES. +
STREET ADDRESS 7369 BIG CYPRESS COURT DIRECTOR
CITY-ST-ZIP MIAMI LAKES FL

TITLE T
NAME GLADYS VEGA
STREET ADDRESS 7423 BIG CYPRESS DR
CITY-ST-ZIP MIAMI LAKES FL

TITLE S
NAME RICHARD L. DEPROSPERO
STREET ADDRESS 7366 BIG CYPRESS DR
CITY-ST-ZIP MIAMI LAKES FL

TITLE D
NAME CHARLOTTE AUCHEN DIRECTOR
STREET ADDRESS 7402 BIG CYPRESS DR
CITY-ST-ZIP MIAMI LAKES FL

TITLE D
NAME JULIO BURGOS
STREET ADDRESS 7439 BIG CYPRESS DR
CITY-ST-ZIP MIAMI LAKES FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR
NANCY GAINES
7422 BIG CYPRESS DR.
MIAMI LAKES, FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

DIRECTOR
BARBARA WILLER
7419 BIG CYPRESS DR.
MIAMI LAKES, FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

DIRECTOR ONLY
AS OF BELOW DATE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

SECY-TREAS. +
DIRECTOR

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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-07/03/96--01040--026

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

RICHARD L. DEPROSPERO
RICHARD L. DEPROSPERO SECY-TREAS

6-24-96 305 362-3467

Date

Daytime Phone #

CR2E037 (3/96)