


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33014-2505 US
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3. Date Incorporated or Qualified 09/02/1970		3a. Date of Last Report 07/02/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		4. FEI Number 59-2376040 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		30. City & State 30 Zip 30 Country	

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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WILLIAM H SUTTON	1.1 TITLE D	NAME RUDY TOTTH
STREET ADDRESS 7370 BIG CYPRESS DR	CITY-ST-ZIP MIAMI LAKES FL	1.2 NAME	STREET ADDRESS 7400 BIG CYPRESS DR.
TITLE VP/D	NAME FRED CARROLL	1.3 STREET ADDRESS	CITY-ST-ZIP MIAMI LAKES, FL 33014
STREET ADDRESS 7369 BIG CYPRESS COURT	CITY-ST-ZIP MIAMI LAKES FL	2.1 TITLE D	NAME BARBARA WILLER
TITLE D	NAME GLADYS VEGA	2.2 NAME	STREET ADDRESS 7419 BIG CYPRESS DR.
STREET ADDRESS 7423 BIG CYPRESS DR	CITY-ST-ZIP MIAMI LAKES FL	2.3 STREET ADDRESS	CITY-ST-ZIP MIAMI LAKES, FL 33014
TITLE STD	NAME RICHARD L. DEPROSPERO	2.4 CITY-ST-ZIP	3.1 TITLE
STREET ADDRESS 7366 BIG CYPRESS DR	CITY-ST-ZIP MIAMI LAKES FL	3.2 NAME	3.3 STREET ADDRESS
TITLE D	NAME CHARLOTTE AUCHEN	3.4 CITY-ST-ZIP	4.1 TITLE
STREET ADDRESS 7402 BIG CYPRESS DR	CITY-ST-ZIP MIAMI LAKES FL	4.2 NAME	4.3 STREET ADDRESS
TITLE D	NAME GAINES, NANCY	4.4 CITY-ST-ZIP	5.1 TITLE
STREET ADDRESS 7422 BIG CYPRESS DR	CITY-ST-ZIP MIAMI LAKES FL	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 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 *Richard L. DeProspero* DATE *APR 15 1997* 305

CR2E037 (9/96)