

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 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 # **719249** (5)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**7370 BIG CYPRESS DR
MIAMI LAKES FL 33014
US**

**7370 BIG CYPRESS DR
MIAMI LAKES FL 33014
US**

DADE

DADE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

09/02/1970

4. FEI Number

59-2376040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM H SUTTON	
STREET ADDRESS	7370 BIG CYPRESS DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE
NAME	FRED CARROLL	
STREET ADDRESS	7369 BIG CYPRESS COURT	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLADYS VEGA	
STREET ADDRESS	7423 BIG CYPRESS DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RICHARD L. DEPROSPERO	
STREET ADDRESS	7368 BIG CYPRESS DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHARLOTTE AUCHEN	
STREET ADDRESS	7402 BIG CYPRESS DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAINES, NANCY	
STREET ADDRESS	7422 BIG CYPRESS DR	
CITY-ST-ZIP	MIAMI LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM H. SUTTON	
1.3 STREET ADDRESS	7370 BIG CYPRESS DR.	
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRED CARROLL	
2.3 STREET ADDRESS	7369 BIG CYPRESS COURT	
2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARBARA WILLER	
3.3 STREET ADDRESS	7419 BIG CYPRESS DR.	
3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIANE RUDY TOTH	
4.3 STREET ADDRESS	7400 BIG CYPRESS DR.	
4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
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:

Richard L. De Prospero
RICHARD L. DE PROSPERO

APRIL 28, 1998

**305 362-
8916**

CR2E037 (10/97)