

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90039 028 ****61.25

DOCUMENT # 719249

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



2. Principal Place of Business

21 **7431 BIG CYPRESS DR**

Suite, Apt. #, etc:

22 **MIAMI LAKES**

City & State

23 **MIAMI LAKES, FL**

Zip

24 **33014**

Country

25 **USA**

2a. Mailing Address

26 **7431 BIG CYPRESS DR**

Suite, Apt. #, etc:

27 **MIAMI LAKES**

City & State

28 **MIAMI LAKES, FL**

Zip

29 **33014**

Country

30 **USA**

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 ☐

Trust Fund Contribution

\$5.00 May Be

Added to Fees

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 **RUSSELL DEJAFFE**

82 Street Address (P.O. Box Number is Not Acceptable)

7431 BIG CYPRESS DR

83

84 City **MIAMI LAKES**

FL

85 Zip Code **33014**

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

Russell Dejaiffe

RUSSELL DEJAFFE, PRESIDENT

4-23-99

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 **VPD** ☒ DELETE

NAME **WILLIAM H SUTTON**

STREET ADDRESS **7370 BIG CYPRESS DR**

CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **PD** ☒ DELETE

NAME **FRED CARROLL**

STREET ADDRESS **7369 BIG CYPRESS COURT**

CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ DELETE

NAME **GLADYS VEGA**

STREET ADDRESS **7423 BIG CYPRESS DR**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **STD** ☐ DELETE

NAME **RICHARD L. DEPROSPERO**

STREET ADDRESS **7366 BIG CYPRESS DR**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **D** ☒ DELETE

NAME **CHARLOTTE AUCHEN**

STREET ADDRESS **7402 BIG CYPRESS DR**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **D** ☐ 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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

☐ Change

☐ Addition

☐ Change

☒ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☒ Addition

☒ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Russell Dejaiffe **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 305-558-9064

Date

Daytime Phone #

CR2E037 (1-1/98)