



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90399 004 \*\*\*\*61.25

<b>DOCUMENT # 719249</b> 1. Entity Name <b>MIAMI LAKES GOLF COURSE VILLAGE HOMEOWNERS' ASSOCIATION, NO. 13, INC.</b>					
Principal Place of Business <b>7381 BIG CYPRESS CT</b> <b>MIAMI LAKES, FL 33014</b> <b>US</b>			Mailing Address <b>7381 BIG CYPRESS CT</b> <b>MIAMI LAKES, FL 33014</b> <b>US</b>		
2. Principal Place of Business <b>7403 Big Cypress Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>7403 Big Cypress Dr</b> Suite, Apt. #, etc.			
City & State <b>Miami Lakes, FL</b>		City & State <b>Miami Lakes, FL</b>		4. FEI Number <b>59-2376040</b>	
Zip <b>33014</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTINEZ, JOSE</b> <b>7381 BIG CYPRESS CT</b> <b>MIAMI LAKES, FL 33014</b>			7. Name and Address of New Registered Agent Name <b>Joseph D. Sachs</b> Street Address (P.O. Box Number is Not Acceptable) <b>7403 Big Cypress Drive</b> City <b>Miami Lakes</b> <b>FL</b> Zip Code <b>33014</b>		
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 <u><i>Joseph D. Sachs</i></u> <u><i>Joseph D Sachs</i></u> <u><i>4/20/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, JOSE 7381 BIG CYPRESS CT MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph D Sachs 7403 Big Cypress Drive Miami Lakes, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARNER, WILLIAM 7342 BIG CYPRESS DR MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Luis Garcia 7375 Big Cypress Court Miami Lakes, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, ILIANA 7362 BIG CYPRESS DR MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Nancy Gaines 7422 Big Cypress Drive Miami Lakes, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWARD, SANDRA 7426 BIG CYPRESS DR MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maria Clayton 7443 Big Cypress Drive Miami Lakes, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, JOEL 7425 BIG CYPRESS DR MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Hoffman 7336 Miami Lakeway S. Drive Miami Lakes, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, JOEL 7425 BIG CYPRESS DR MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Hoffman 7336 Miami Lakeway S. Drive Miami Lakes, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Joseph D. Sachs</i></u> <u><i>President</i></u> <u><i>4/20/06</i></u> <u><i>305 722-1040</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					