



**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 722473</b>		
<small>1. Entity Name</small> <b>MIAMI LAKES LOCH LOMOND WEST HOMEOWNERS' ASSOCIATION, INC.</b>		
<small>Principal Place of Business</small> P.O. BOX 4852 HIALEAH, FL 33014-2011	<small>Mailing Address</small> P.O. BOX 4852 HIALEAH, FL 33014-2011	  04242008 No Chg-NP CR2E037 (4/06)
<b>DO NOT WRITE IN THIS SPACE</b>		
<small>4. FEI Number</small> <b>NOT APPLICABLE</b>		
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<small>Applied For</small> <input type="checkbox"/> <b>Not Applicable</b>
<small>6. Name and Address of Current Registered Agent</small>		
<b>MCCARTHY, AIDA M 6950 SHARPECROFT CT. MIAMI LAKES, FL 33014</b>		<b>DO NOT WRITE IN THIS SPACE</b>
<small>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.</small>		
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>PD</small> <b>MCCARTHY, AIDA 6950 SHARPECROFT CT MIAMI LAKES, FL 33014</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>TD</small> <b>GOURLEY, RICHARD 6971 SHARPECROFT CT MIAMI LAKES, FL 33014</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>SD</small> <b>FRITCH, ROSEMARY 6963 SHARPECROFT CT MIAMI LAKES, FL 33014</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>VPD</small> <b>ROS, ROLANDO 7016 CROWN GATE COURT MIAMI LAKES, FL 33014</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>VD</small> <b>URIA, LUIS 7012 CROWN GATE COURT MIAMI LAKES, FL 33014</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
<small>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.</small>		
<b>SIGNATURE:</b> <u>Richard T. Gourley</u> <b>RICHARD T. GOURLEY</b> <u>4/24/08</u> <u>305-362-1836</u>		