2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# 733010

Entity Name: MIAMI LAKES GOLF COURSE VILLAGE HOMEOWNERS' ASSOCIATION, NO. 5, INC.

Current Principal Place of Business:

7316 TWIN SABAL DRIVE
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

7316 TWIN SABAL DRIVE
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS MCNULTY
7316 TWIN SABAL DRIVE
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	THOMAS MCNULTY,	
Address:	7316 TWIN SABAL DRIVE	
City-St-Zip:	MIAMI LAKES, FL	
Title:	SD	( ) Delete
Name:	ILEANA MCNULTY,	
Address:	7316 TWIN SABAL DRIVE	
City-St-Zip:	MIAMI LAKES, FL	
Title:	VPD	( ) Delete
Name:	JOSEPH RUSSO,	
Address:	7308 MIAMI LAKEWAY S.	
City-St-Zip:	MIAMI LAKES, FL	
Title:	D	( ) Delete
Name:	ELENA GARCIA,	
Address:	7326 MIAMI LAKEWAY S.	
City-St-Zip:	MIAMI LAKES, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MCNULTY PD 04/23/2005

Electronic Signature of Signing Officer or Director — Date