


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 739806 (8)**

1. Corporation Name  
**MIAMI LAKES WINDMILL GATE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business PO BOX 4236 MIAMI LAKES FL 33014 US	Mailing Address PO BOX 4236 MIAMI LAKES FL 33014 US
--	--

3. Date Incorporated or Qualified <b>08/17/1977</b>	3a. Date of Last Report <b>07/27/1995</b>
4. FEI Number <b>59-2655235</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**DUMAS, GARY  
 ONE EAST BROWARD BLVD.  
 SUITE 1002  
 FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CALVO, JERRY	
STREET ADDRESS	6415 WINDMILL GATE ROAD	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VO	<input checked="" type="checkbox"/> DELETE
NAME	QUINN, DENNIS	
STREET ADDRESS	16431 FOX DEN COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	DORFSMAN, ARI D	
STREET ADDRESS	6375 JACK RABBIT LANE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ACEVEDO, CECILIA	
STREET ADDRESS	16382 BRAIR PATCH PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nelson Rodriguez	
1.3 STREET ADDRESS	16411 Bridge End Rd	
1.4 CITY-ST-ZIP	Miami Lakes FL 33014	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marty Englemann	
2.3 STREET ADDRESS	6359 Jack Rabbit Ln	
2.4 CITY-ST-ZIP	Miami Lakes FL 33014	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathy D'Azevedo	
3.3 STREET ADDRESS	6383 Cotton Tail Rd	
3.4 CITY-ST-ZIP	MIAMI LAKES FL 33014	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ Date: 6/12/96 305-591-1743 Daytime Phone #

CR2E037 (3/96)