


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
 PO BOX 4236 MIAMI LAKES FL 33014 US
 PO BOX 4236 MIAMI LAKES FL 33014 US

3. Date Incorporated or Qualified
 08/17/1977

4. FEI Number
 59-2655235

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 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 617.1506, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME PD NELSON RODRIGREZ

STREET ADDRESS 16411 BRIDGE END RD.

CITY-ST-ZIP MIAMI LAKES FL

TITLE DELETE

NAME VP MARTY ENGLEMAN

STREET ADDRESS 6359 JACK RABBIT LANE

CITY-ST-ZIP MIAMI LAKES FL

TITLE DELETE

NAME T KATHY D'AZEVEDEZ

STREET ADDRESS 6383 COTON TAIL RD.

CITY-ST-ZIP MIAMI LAKES FL

TITLE DELETE

NAME SD ACEVEDO, CECILIA

STREET ADDRESS 16382 BRAIR PATCH PLACE

CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME PD Marty Engleman

1.3 STREET ADDRESS 6359 Jack Rabbit Ln

1.4 CITY-ST-ZIP MIAMI LAKES FL 33014

2.1 TITLE Change Addition

2.2 NAME George Serra

2.3 STREET ADDRESS 16419 Bridge End Rd

2.4 CITY-ST-ZIP Miami Lakes FL 33014

3.1 TITLE Change Addition

3.2 NAME T

3.3 STREET ADDRESS Same

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME SD Dianne Ley

4.3 STREET ADDRESS 6358 Milk Wagon Ln

4.4 CITY-ST-ZIP Miami Lakes FL 33014

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Kathy D'Azavedo 7/31/98 954-964-0640
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)