

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 21, 1999 8:00 am**  
**Secretary of State**

06-21-1999 90002 024 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 739806**

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
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/17/1977	4. FEI Number 59-2655235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

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 **Dumas, Gary**  
 82 Street Address (P.O. Box Number is Not Acceptable) **7475 Miami Lakes Dr**  
 83 **Suite 360**  
 84 City **Miami Lakes** FL 85 Zip Code **33016**

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	VP	<input checked="" type="checkbox"/> DELETE
NAME	SERRA, GEORGE	
STREET ADDRESS	16429 BRIDGE END RD	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTY ENGLEMAN	
STREET ADDRESS	6359 JACK RABBIT LANE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KATHY D'AZEVEDEZ	
STREET ADDRESS	6383 COTON TAIL RD.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ACEVEDO, CECILIA	
STREET ADDRESS	16382 BRAIR PATCH PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEY, DIANNE	
STREET ADDRESS	6358 MILK WAGON LN	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joe Garcia Rabbit Ln	
1.3 STREET ADDRESS	6373 Jack	
1.4 CITY-ST-ZIP	Miami Lakes FL 33014	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Cecilia Acevedo* **6/5/99** **305 819 4133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0023128

CR2E037 (11/98)