

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739806

1. Entity Name

MIAMI LAKES WINDMILL GATE HOMEOWNER'S ASSOCIATIO

Principal Place of Business

Mailing Address

PO BOX 4236
MIAMI LAKES FL 33014
US

PO BOX 4236
MIAMI LAKES FL 33014-0236
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2655235

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUMAS, GARY
7975 MIAMI LAKES DR
STE 360
MIAMI LAKES FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP Delete
NAME GARCIA, JOE
STREET ADDRESS 6373 JACK RABBIT LN
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD Delete
NAME MARTY ENGLEMAN
STREET ADDRESS 6359 JACK RABBIT LANE
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Delete
NAME ~~KATHY D'AZEVEDEZ~~
STREET ADDRESS 6383 COTON TAIL RD.
CITY-ST-ZIP MIAMI LAKES FL

TITLE T Change Addition
NAME SUZANNE ZENO
STREET ADDRESS 6381 JACK RABBIT LN,
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE SD Delete
NAME LEY, DIANNE
STREET ADDRESS 6358 MILK WAGON LN
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

SIGNATURE: *Suzanne Zeno* SUZANNE ZENO 5/5/00 (305) 823-3373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)