

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739806

FILED
Feb 11, 2009
Secretary of State

Entity Name: MIAMI LAKES WINDMILL GATE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6423 WINDMILL GATE RD
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4236
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 59-2655235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DELL, ANA
19141 ROYAL BIRKDALE DRIVE
MIAMI, FL 33015 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: MCGRATH, TOM
Address: P.O. BOX 4066
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD () Delete
Name: JIMENEZ, MARCELE
Address: 6408 WINDMILL GATE RD.
City-St-Zip: MIAMI LAKES, FL 33014

Title: T () Delete
Name: CHIRIBOGA, ANTONIA
Address: 6375 JACK RABBIT LANE
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: BELL, ANDY
Address: 6449 TURTLE ROCK TERRACE
City-St-Zip: MIAMI LAKES, FL 33014

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 exemption stated in Chapter 119, 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: TOM MCGRATH

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date