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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752124 (8)

1. Corporation Name
MIAMI LAKES LOCH ISLE HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
15180 LOCH ISLE DRIVE EAST MIAMI LAKES FL 33014	15180 LOCH ISLE DRIVE EAST MIAMI LAKES FL 33014-2065

3. Date Incorporated or Qualified: 04/22/1980
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business
21 15320 Loch Isle Drive East
22 Suite, Apt. #, etc.
23 City & State: Miami Lakes, FL
24 Zip: 33014
25 Country: U.S.A.

2a. Mailing Address
26 P.O. Box 4527
27 Suite, Apt. #, etc.
28 City & State: Hialeah, FL
29 Zip: 33014-0527
30 Country: U.S.A.

4. FEI Number: 59-2002678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ■ No

9. Name and Address of Current Registered Agent

FIGUEROA,MANNY C.P.A.
306 ALCAZAR AVE., STE. #220
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Manny Figueroa, C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 308 Alhambra Circle
83
84 City: Coral Gables FL 85 Zip Code: 33134-5004

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWEENEY, ROGER LOCH ISLE DR. N. MIAMI LAKES FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNOZ, MIGUEL 15180 LOCH ISLE DR. E. MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOWARD, WATSON 7031 LOCH ISLE DR. S. MIAMI LAKES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOETHE, BILLIE 15320 LOCH ISLE DR. E. MIAMI LAKES FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition P D Ms. Debbie Kaufman 15320 Loch Isle Drive East Miami Lakes, FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition D Mr. Peter Koerber 15180 Loch Isle Drive East Miami Lakes, FL 33014

I do 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.

SIGNATURE: [signature] PETER KOERBER

CR2E037 (9/96)