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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

(8)

MIAMI LAKES LOCH ISLE HOMEOWNERS! ASSOCIATION L

## **FILED** Mar 25 1998 8:00am Secretary of State

15320 LOCH ISLE DR. EAST MIAMI LAKES FL 33014 US  P.O. 80X 4527 MIAMI LAKES FL 33014 US  Applied For Not Applicable  2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. Suite, Apt. #, etc.  Suite, Apt. #, etc. City & State  City & State  State  Suite, Apt. #, etc. City & State  Suite, Apt. #, etc. City & State  Suite, Apt. #, etc. City & State  3. Date Incorporated or Qualified  O4/22/1980  Applied For Not Applicable  See Required  See Required  See Required  Fee Required  Suite, Apt. #, etc. City & State  7. Is this nonprofit corporation a homeowners association?	NC.	CANCO ECON ICEL HOME	OTTILLIO A	OUGINTIC	/1 <b>1</b> , 1						
MAMI LAKES FL 33014 US  A. FEI Number  S. Principal Piace of Business 21  22  A. Find Piace  S. Principal Piace of Business 21  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State	Principal Plac	e of Business	Mailing A	Mailing Address				- T LEBALI TODUT MILIO 1980) ILGID HIDIT BIBIT DIDIK DIDIK		Jii Daek loek	
22   Mainting Address   22   Mainting Address   23   Select   25   Select   25   Select   25   Select   27   Sel			MIAMI LAKES FL 33014				04/22/1980 4. FEI Number	<del></del>	·		
Saltion Apt. F. etc.    Saltion Apt. F. etc.   Solida, Apt. Etc.   Solida, Apt. F. etc.   S	2. Principal F	Place of Business	2a. Mailing	20. Mailing Address							
27   City & State   27   Cuttry   28   City & State   City & Cit	21		`	,				5. Certificate of Status Desired			
22   20   20   20   20   20   20   20	22		27	27				· · · · · · · -			
Zip   Country   Zip   Country   2   December   2	City & Stat	e	·	<b>⊢</b>							
FROUEROA,MANNY C.P.A. 308 AJHAMBRA CIRCLE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  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. an infension with, and acceptable to the section of F7.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. and member with, and acceptable to Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and member with, and acceptable to Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all the section of the purpose of changing its registered agent. I all miles are all miles are all miles	Zip	Country	Zip			untry		8. This corporation owes or has paid the curre	ent year int	angible	
FROUEROA,MANNY C.P.A. 308 ALHAMBRA CIRCLE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83	24	· · · · · · · · · · · · · · · · · · ·			30			Personal Property Tax due June 30. Yes No			
FKOLEROA, MANNY C.P.A. 306 ALHAMBRA CIRCLE  CORAL GABLES FL 33134  BB   BB     BB		9. Name and Address of Curr	ent Hegistered A	gent		11	Namo	10. Name and Address of New Registered A	gent		
SOR ALHAMBRA CIRCLE CORAL GABLES FL 33134  B	#101 #F01				•	Ή'	Name				
CORAL GABLES FL 33134    83						2 3	Street Addre	ess (P.O. Box Number is Not Acceptable)			
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 Scoth change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Scoth change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Scoth change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Scoth change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Activity of Scoth change of Change						3					
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered apen. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes.  SIGNATURE  SIGNATURE  Signature typed or phried new of registered apen and this if apricable.  OFFICERS AND DIRECTORS  11. TITLE  DP  Change  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DD  DELETE  1.1 TITLE  DD  DELETE  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DD  DELETE  3.1 STREET ADDRESS  CITY-ST-ZIP  MAMI LAKES FL  DELETE  3.2 STREET ADDRESS  CITY-ST-ZIP  TITLE  DD  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  MAMI LAKES FL  DELETE  3.4 CITY-ST-ZIP  TITLE  D  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  MAMI LAKES FL  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  TITLE  D  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  MAMI LAKES FL  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  TITLE  D  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  MAMI LAKES FL  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  MIAMI LAKES FL  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  Change  Addition  Addition  NAME  3.5 STREET ADDRESS  CITY-ST-ZIP  MIAMI LAKES FL  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  Change  Addition  Change  Addition  Change  Addition  Change  Change  Addition  Change  Addition  Change  Change  Addition  Change  Change  Addition  Change  Ch					84	4 0	City		<b>85</b> Zip (	Code	
Bignation registered agent, or many factors the obligations of Section 617 (5003, Florida Statutions.)  SIGNATURE  Signature, typed or private name of registered agent and title if approaches.  (NOTE: Registered Agent agenture required when retreatance)  DP  Signature, typed or private name of registered agent and title if approaches.  (NOTE: Registered Agent agenture required when retreatance)  DP  KAUFMAN, DEBBIE  13. STREET ADDRESS  15320 LOCH ISLE DR. E.  MAMI LAKES FL  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  MAMI LAKES FL  DELETE  STREET ADDRESS  CITY-ST-ZIP  MAMI LAKES FL  DELETE  STREET ADDRESS  CITY-ST-ZIP  MAMI LAKES FL  DELETE  STREET ADDRESS  CITY-ST-ZIP  MIAMI LAKES FL  DELETE  3. STREET ADDRESS  CITY-ST-ZIP  MIAMI LAKES FL  DELETE  3. STREET ADDRESS  CITY-ST-ZIP  MIAMI LAKES FL  DELETE  4. STREET ADDRESS  CITY-ST-ZIP  MIAMI LAKES FL  DELETE  5. STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  MIAMI LAKES FL  DELETE  5. STREET ADDRESS  STREET ADDRESS  GITY-ST-ZIP  MIAMI LAKES FL  DELETE  5. STREET ADDRESS	11. Pursuant	to the provisions of Sections 617.05	502 and 617 1508	Florida Statu	tes the short	<u> </u>	amed corno	ration submits this statement for the purpose of	phanaina it.	o roointarod	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  SD  HOWARD, WATSON  STREET ADDRESS  TYP-ST-2P  MIAMI LAKES FL  DELETE  1.3 STREET ADDRESS  CITY-ST-2P  MIAMI LAKES FL  DELETE  1.3 STREET ADDRESS  TITLE  DOUGH ISLE DR. S.  MIAMI LAKES FL  DELETE  3.3 STREET ADDRESS  CITY-ST-2P  MIAMI LAKES FL  DELETE  3.3 STREET ADDRESS  ACITY-ST-2P  MIAMI LAKES FL  DELETE  4.1 TITLE  D Change  Addition  Change  Addition  Change  Addition  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Addition  Addition  Change  Addition  Add	office or r agent. I a	egistered agent, or both, in the Stalim familiar with, and accept the obli	te of Florida. Such igations of, Sectio	change was n 617.0503, Fi	authorized b lorida Statute	by th	ne corporatio	n's board of directors. I hereby accept the appo	intment as	registered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE KAUFMAN, DEBBIE 15320 LOCH ISLE DR. E. CITY-ST-2IP  ITTLE  NAME STREET ADDRESS 15320 LOCH ISLE DR. E. CITY-ST-2IP  TITLE  NAME STREET ADDRESS 15180 LOCH ISLE DR. EAST MIAMI LAKES FL  D DELETE  22 AMME 23 STREET ADDRESS CITY-ST-2IP  MIAMI LAKES FL  D DELETE  31 TITLE  32 AMME 33 STREET ADDRESS CITY-ST-2IP  MIAMI LAKES FL  D D DELETE  31 TITLE  32 AMME 33 STREET ADDRESS AL CITY-ST-2IP  MIAMI LAKES FL  D D DELETE  41 TITLE  D Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Addition  Change Addition  Addition  Addition  Change Addition	SIGNATURE	Signature hand a college arms of secretary	and and tale if and last	410	TF: B 1-1 1 1						
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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 by 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 of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and thet my pame expects in	STREET ADDRESS	Λ			6.3 STREE	T ADO	DRESS				
1. Inereby 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 by 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 of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and thet my name appears in	CITY-ST-ZIP	//	1		6.4 CITY-	ST-Z	IP .				
	14. I hereby of indicated officer or officer	ertify that the information supplied von this annual report or supplement director of the corporation of the re-	of the strain of	s not qualify for s true and accompowered to	or the exemp curate and the execute this	otion at n	n stated in Se ny signature ort as require	ection 119.07(3)(i), Florida Statutes. I further certi shall have the same legal effect as if made unde- ed by Chapter 617. Florida Statutes; and that my	fy that the i	information t I am an	