2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # 752124** 1. Entity Name 04-28-2004 90280 050 ****61.25 MIAMI LAKES LOCH ISLE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 15320 LOCH ISLE DR. EAST P.O. BOX 4527 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2002678 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIGUEROA, MANNY C.P.A. Street Address (P.O. Box Number is Not Acceptable) 308 ALHAMBRA CIRCLE **CORAL GABLES FL 33134** City 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. I am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition OLIVER, DAVE NAME NAME 15314 LOCH ISLE DR E STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE Delete TITLE HOWARD, WATSON NAME NAME 7031 LOCH ISLE DR. S. STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE VANDENBERG, JOHN NAME NAME 7002 LOCH ISLE DR N STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE LUPOZ, HORMAN NAME NAME 15186 LOCH ISLE DR. EAST STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition CHIRON, A NAME NAME 15318 LOCH ISLE DR. E. STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the regeiver 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

JOHN VANDENBORD 4/25/8009 (305) 558-6229

NING OFFICER OR DIRECTOR

Daytime Prone #

changed, or on an attachment/with an address, with all other like empowered.

SIGNATURE:

FILED