2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State
09-14-2007 90002 020 ****61.25

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1. Entity Name
MIAMI LAKES LOCH ISLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15314 LOCH ISLE DR. EAST MIAMI LAKES, FL 33014 US	P.O. BOX 4527 MIAMI LAKES, FL 33014 US

09072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15186 LOCH ISLE DR. EAST	15186 LOCH ISLE DR. EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI LAKES, FLORIDA	
City & State	City & State
	MIAMI LAKES, FL.
Zip / Country	Zip / Country
33014 / U.S.A.	33014 / U.S.A.

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIGUEROA,MANNY C.P.A. 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP OLIVER, DAVE 15314 LOCH ISLE DR E MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, WATSON 7031 LOCH ISLE DR. S. MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VANDENBERG, JOHN R 7002 LOCH ISLE DR N MIAMI LAKES, FL 33014	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	★ T HERMAN LOPEZ 15186 LOCH ISLE DR. EAST MIAMI LAKES, FL. 33014	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, HERMAN 15186 LOCH ISLE DR. EAST MIAMI LAKES, FL 33014	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLYDE ~~PHE~~ PFLEEGOR 15184 LOCH ISLE DR. EAST MIAMI LAKES, FL. 33014	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIRON, A 15318 LOCH ISLE DR. E. MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONY GOMEZ MIAMI LAKES, FL 33014	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Herman Lopez HERMAN LOPEZ 09/07/07 305-801-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #