2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# 752124

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

Current Principal Place of Business:

15186 LOCH ISLE DR EAST
MIAMI LAKE S, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

15186 LOCH ISLE DR EAST
MIAMI LAKE S, FL 33014 US

New Mailing Address:

FEI Number: 59-2002678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FIGUEROA,MANNY C.P.A.
308 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 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: DP ( ) Delete
Name: OLIVER, DAVE
Address: 15314 LOCH ISLE DR E
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: HOWARD, WATSON
Address: 7031 LOCH ISLE DR. S.
City-St-Zip: MIAMI LAKES, FL 33014

Title: T ( ) Delete
Name: LOPEZ, HERMAN
Address: 15186 LOCH ISLE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: PFLEGOR, CLYDE
Address: 15186 LOCH ISLE DR. EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: CHIRON, A
Address: 15318 LOCH ISLE DR. E.
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:

Title: D (X) Change ( ) Addition
Name: HERTEL, G.
Address: 7027 LOCH ISLE DR. S.
City-St-Zip: MIAMI LAKES, FL 33014

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: HERMAN LOPEZ TREA 05/03/2009

Electronic Signature of Signing Officer or Director — Date