

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01935

FILED
Apr 28, 2009
Secretary of State

Entity Name: MIAMI LAKES CORPORATE PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3493 NW 167TH STREET
MIAMI, FL 33056

New Principal Place of Business:

6175 NW 153RD ST
MIAMI LAKES, FL 33014

Current Mailing Address:

3493 NW 167TH STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 59-2507345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISZ, MICHAEL O P A
9350 S DIXIE HWY STE 1500
MIAMI, FL 33156 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: PD () Delete
Name: STROEHMANN, JOHN N
Address: 3493 NW 167TH STREET
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: BERGERON, GREG
Address: 3493 NW 167TH STREET
City-St-Zip: MIAMI, FL 33056

Title: VPD () Delete
Name: VINCE, GEORGE
Address: 3493 NW 167TH STREET
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: BASS, MARINA
Address: 6175 NW 153RD STREET, #208
City-St-Zip: MIAMI, 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:

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: G BERGERON

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date