

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90043 033 \*\*\*\*61.25

**DOCUMENT # N03000006928**

1. Entity Name

THE COLONNADE AT MIAMI LAKES CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6500 COWPEN ROAD  
301  
MIAMI LAKES FL 33016

6500 COWPEN ROAD  
301  
MIAMI LAKES FL 33016

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

86-1078106

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

DANIEL M. KEIL, P.A.  
6500 COWPEN ROAD  
301  
MIAMI LAKES FL 33016

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

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**  
**Due By May 1, 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  
D  
GONZALEZ, ALBERT O  
6500 COWPEN ROAD SUITE 302  
MIAMI LAKES FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ALBERT GONZALEZ  
6500 COWPEN ROAD SUITE 302  
MIAMI LAKES, FL 33014 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KEIL, DANIEL M  
6500 COWPEN ROAD SUITE 301  
MIAMI LAKES FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DANIEL M. KEIL  
6500 COWPEN ROAD SUITE 301  
MIAMI LAKES, FL 33014 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
TOLEDO, EVELIO A  
6500 COWPEN ROAD SUITE 305  
MIAMI LAKES FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
EVELIO TOLEDO  
6500 COWPEN ROAD SUITE 305  
MIAMI LAKES, FL 33014 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #