2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N03000006928

Entity Name: THE COLONNADE AT MIAMI LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6500 COWPEN ROAD
301
MIAMI LAKES, FL 33016

New Principal Place of Business:

6500 COWPEN ROAD
303
MIAMI LAKES, FL 33014

Current Mailing Address:

6500 COWPEN ROAD
301
MIAMI LAKES, FL 33016

New Mailing Address:

6500 COWPEN ROAD
303
MIAMI LAKES, FL 33014

FEI Number: 86-1078106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DANIEL M. KEIL, P.A.
6500 COWPEN ROAD
301
MIAMI LAKES, FL 33014 US

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: _____ 01/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BETANCOURT, GREGORY F
Address: 6500 COWPEN ROAD SUITE 303
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: KEIL, DANIEL M
Address: 6500 COWPEN ROAD SUITE 301
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: RARICK, PHILLIP
Address: 6500 COWPEN ROAD SUITE 204
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: AGUIAR, ALBERT
Address: 6500 COWPEN ROAD, SUITE 202
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:

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: GREGORY F. BETANCOURT D 01/16/2009
Electronic Signature of Signing Officer or Director — Date