

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

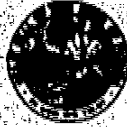
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N07068** (2)

1. Corporation Name  
**MIAMI LAKES LAKE CYNTHIA HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**15505 BULL RUN ROAD SUITE 220 MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/11/1985** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0022564** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**COSGROVE, MICHELE  
14728 BRECKNESS PLACE  
MIAMI LAKES FL 33016**

10. Name and Address of New Registered Agent  
81 Name **H. DOUGLAS LUNG**  
82 Street Address (P.O. Box Number is Not Acceptable) **14830 BRECKNESS PLACE**  
83  
84 City **MIAMI LAKES** FL 85 Zip Code **33016**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE HAROLD DOUGLAS LUNG, TREASURER 4/22/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME **SURMAN, STEVE**  
STREET ADDRESS **14812 BRECKNESS PLACE**  
CITY - ST - ZIP **MIAMI LAKES FL**  
TITLE D  
NAME **COSGROVE, MICHELE**  
STREET ADDRESS **14728 BRECKNESS PLACE**  
CITY - ST - ZIP **MIAMI LAKES FL**  
TITLE D  
NAME **MCKENZIE, LINDA**  
STREET ADDRESS **14719 GLENCAIRN RD**  
CITY - ST - ZIP **MIAMI LAKES FL**  
TITLE TD  
NAME **LUNG, H. DOUGLAS**  
STREET ADDRESS **14830 BRECKNESS PLACE**  
CITY - ST - ZIP **MIAMI LAKES FL**  
TITLE D  
NAME **SOLL, MARTY**  
STREET ADDRESS **14828 BRECKNESS PLACE**  
CITY - ST - ZIP **MIAMI LAKES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **D**  Change  Addition  
1.2 NAME **SURMAN, STEVE**  
1.3 STREET ADDRESS **14812 BRECKNESS PL**  
1.4 CITY - ST - ZIP **MIAMI LAKES, FL 33016**  
2.1 TITLE **PD**  Change  Addition  
2.2 NAME **DEBORAH SAMUELS**  
2.3 STREET ADDRESS **14718 BRECKNESS PL**  
2.4 CITY - ST - ZIP **MIAMI LAKES, FL 33016**  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. DOUGLAS LUNG, TREASURER 4/1/95 305-284-9664  
Signature and typed or printed name of signing officer or director Date