

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified **01/11/1985** 3a. Date of Last Report **04/27/1995**
4. FEI Number **65-0022564** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUNG, H. DOUGLAS
14830 BRECKNESS PLACE
MIAMI LAKES FL 33016**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **H. DOUGLAS LUNG** **FEB 18, 1996**
Signature, typed printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SURMAN, STEVE	
STREET ADDRESS	14812 BREAKNESS PLACE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAMUELS, DEBORAH	
STREET ADDRESS	14728 BRECKNESS PLACE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKENZIE, LINDA	
STREET ADDRESS	14719 GLENCAIRN RD	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUNG, H. DOUGLAS	
STREET ADDRESS	14830 BRECKNESS PLACE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOLL, MARTY	
STREET ADDRESS	14828 BRECKNESS PLACE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACK WELLS	
1.3 STREET ADDRESS	14826 BRECKNESS PLACE	
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KEVIN DELPHUS	
3.3 STREET ADDRESS	14660 GLENCAIRN ROAD	
3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOSE ALONSO	
5.3 STREET ADDRESS	14810 BRECKNESS PLACE	
5.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **H. DOUGLAS LUNG** **FEB. 18, 1996** **(305) 884-9664**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRE037 (12/95)