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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

15505 BULL RUN ROAD  
SUITE 220  
MIAMI LAKES FL 33014-7004



3. Date Incorporated or Qualified  
01/11/1985

3a. Date of Last Report  
02/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0022564

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

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

NO CHANGE

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

H. DOUGLAS LUNG, TREASURER

FEB 8, 1997

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME WELLS, JACK  
STREET ADDRESS 14826 BRECKNESS PLACE  
CITY-ST-ZIP MIAMI LAKES FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME SAMUELS, DEBORAH  
STREET ADDRESS 14728 BRECKNESS PLACE  
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DELPHUS, KEVIN  
STREET ADDRESS 14660 GLENCAIRN ROAD  
CITY-ST-ZIP MIAMI LAKES FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME LUNG, H. DOUGLAS  
STREET ADDRESS 14830 BRECKNESS PLACE  
CITY-ST-ZIP MIAMI LAKES FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ALONSO, JOSE  
STREET ADDRESS 14810 BRECKNESS PLACE  
CITY-ST-ZIP MIAMI LAKES FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME FRED R. CARDOSO  
6.3 STREET ADDRESS 14712 BRECKNESS PLACE  
6.4 CITY-ST-ZIP MIAMI LAKES, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

FEB. 8, 1997

305-884-9664

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023171

CR2E037 (9/96)