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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NO7068**  
1. Corporation Name  
**MIAMI LAKES LAKE CYNTHIA HOMEOWNERS ASSOCIATION**

Principal Place of Business **AND** Mailing Address  
**15476 NW 77TH CT. SUITE 116  
MIAMI LAKES, FL 33016-5823**

3. Date Incorporated or Qualified  
**JAN 11, 1985**

4. FEI Number **65-0022564**  
Applied For  Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 <b>15476 NW 77TH CT</b>	26 <b>15476 NW 77TH CT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>SUITE 116</b>	27 <b>SUITE 116</b>
City & State	City & State
23 <b>MIAMI LAKES FL</b>	28 <b>MIAMI LAKES FL</b>
Zip	Zip
Country	Country
24 <b>33016-5823</b> 25 <b>USA</b>	29 <b>33016-5823</b> 30 <b>USA</b>

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**H. DOUGLAS LUNG  
14830 BRECKNESS PLACE  
MIAMI LAKES, FL 33016-6410**

10. Name and Address of New Registered Agent

81 Name	<b>H. DOUGLAS LUNG</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>14830 BRECKNESS PL</b>
83	
84 City	<b>MIAMI LAKES FL</b>
85 Zip Code	<b>33016-6410</b>

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** **APRIL 24, 1998**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEBORAH SAMUELS</b>	
STREET ADDRESS	<b>14718 BRECKNESS PL</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>	
TITLE	<b>T/D</b>	<input type="checkbox"/> DELETE
NAME	<b>H. DOUGLAS LUNG</b>	
STREET ADDRESS	<b>14830 BRECKNESS PL</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRED R CARDOSO</b>	
STREET ADDRESS	<b>14712 BRECKNESS PL</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEVIN DELPHUS</b>	
STREET ADDRESS	<b>14660 GLENCAIRN RD.</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JACK WELLS</b>	
STREET ADDRESS	<b>14826 BRECKNESS PL</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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**-05/11/98--01025--010**  
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14. I 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: **H. DOUGLAS LUNG** **APR. 24, 1998** **305-884-9664**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #

CR2E037 (10/97)