

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07068

1. Entity Name

MIAMI LAKES LAKE CYNTHIA HOMEOWNERS' ASSOCIATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90161 050 ****61.25

Principal Place of Business	Mailing Address
15476 N.W. 77TH CT. SUITE 116 MIAMI LAKES FL 33016-5823 US	15476 N.W. 77TH CT. SUITE 116 MIAMI LAKES FL 33016-5823 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15476 N.W. 77TH CT. Suite, Apt. #, etc. PMB 116	15476 N.W. 77TH CT. Suite, Apt. #, etc. PMB 116
City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL
Zip 33016-5823	Country USA

4. FEI Number	Applied For
65-0022564	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	WELLS, JACK
STREET ADDRESS	14826 BRECKNESS PLACE
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	SIGLER, CECILA
STREET ADDRESS	14842 BRECKERS PLACE
CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	D <input type="checkbox"/> Delete
NAME	DELPHUS, KEVIN
STREET ADDRESS	14660 GLENCAIRN ROAD
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	CARDOSO, FRED R.
STREET ADDRESS	14712 BRECKNESS PLACE
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	VD <input type="checkbox"/> Delete
NAME	MURRAY, DONALD
STREET ADDRESS	14739 GLENCAIRN ROAD
CITY-ST-ZIP	MIAMI LAKES FL 33016

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XXXXXXXXXX JORIANO, SUZANNE
STREET ADDRESS	14744 BRECKNESS PLACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XXXXXXXXXX HOSEA, BOB
STREET ADDRESS	14728 BRECKNESS PLACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALMAU, PILAR
STREET ADDRESS	14742 BRECKNESS PLACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XXXXXXXXXX MASTERS, DONNA
STREET ADDRESS	14719 GLENCAIRN ROAD
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XXXXXXXXXX MEADOR, BETTY
STREET ADDRESS	14818 BRECKNESS PLACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, DONALD
STREET ADDRESS	14739 GLENCAIRN ROAD
CITY-ST-ZIP	MIAMI LAKES, FL 33016

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. DOUGLAS **SIGNATURE REQUIRED** APRIL 27, 2000 3201 (305) 775-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)