

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90030 035 \*\*\*\*61.25

UBR 3

**DOCUMENT # N07068**

1. Entity Name

**MIAMI LAKES LAKE CYNTHIA HOMEOWNERS' ASSOCIATION**

Principal Place of Business

Mailing Address

15476 N.W. 77TH CT.  
 PMB 116  
 MIAMI LAKES FL 33016-5823  
 US

15476 N.W. 77TH CT.  
 PMB 116  
 MIAMI LAKES FL 33016-5823  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0022564**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D**  Change  Addition  
 NAME **MANUEL IBANEZ**  
 STREET ADDRESS **8480 DUNDEE TERRACE**  
 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **D**  Delete  
 NAME **SORIANO, SUZANNE**  
 STREET ADDRESS **14744 BRECKNESS PLACE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **SD**  Change  Addition  
 NAME **SORIANO, SUZANNE**  
 STREET ADDRESS **14744 BRECKNESS PLACE**  
 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

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

TITLE **D**  Change  Addition  
 NAME **DONNA MASTERS**  
 STREET ADDRESS **14719 GLENCAIRN RD**  
 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **MEADOR, BETTY**  
 STREET ADDRESS **14818 BRECKNESS PLACE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **D**  Change  Addition  
 NAME **MEADOR, BETTY**  
 STREET ADDRESS **14818 BRECKNESS PLACE**  
 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **PD**  Delete  
 NAME **MURRAY, DONALD**  
 STREET ADDRESS **14739 GLENCAIRN ROAD**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
**DOUGLAS LUNG**

**APR. 8, 2001**

**(305)884 9664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)