


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # N07068			
1. Entity Name MIAMI LAKES LAKE CYNTHIA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 14738 BRECKNESS PL MIAMI LAKES FL 33016 US		Mailing Address 14738 BRECKNESS PL MIAMI LAKES FL 33016 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 65-0022564				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OLDENBURG, CHERIE 14738 BRECKNESS PL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLDENBURG, CHERIE			NAME			
STREET ADDRESS	14738 BRECKNESS PL			STREET ADDRESS	U00000667780		
CITY-ST-ZIP	MIAMI LAKES FL 33016			CITY-ST-ZIP	03/27/07-80003-004 61.25		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMESBERG, KARL			NAME			
STREET ADDRESS	14960 DUNBARTON			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DALMAU, PILAR			NAME			
STREET ADDRESS	14732 BRECKNESS PL			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANTLEY, ROBERT			NAME			
STREET ADDRESS	14734 BRECKNESS PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEADOR, BETTY			NAME			
STREET ADDRESS	14818 BRECKNESS PL			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Cherie Oldenburg* **CHERIE OLDENBURG** 3/13/07 305-8214647