2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07068

FILED Apr 23, 2009 Secretary of State

Entity Name: MIAMI LAKES LAKE CYNTHIA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	CKNESS PL ES, FL 33016	US			NBARTON PL ES, FL 33016	US
Current Mailing Address:				New Mailing Address:		
	CKNESS PL ES, FL 33016	US			IBARTON PL ES, FL 33016	US
El Number:	65-0022564	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of Ne	w Registered Agent:
14738 BRE	RG, CHERIE CKNESS PL ES, FL 33016	US			IRG, KARL IBARTON PL ES, FL 33016	US
The above n the State		ubmits this statement for the pu	rpose o	f changing it	ts registered offi	ice or registered agent, or both,
SIGNATUR	E: KARL RON	MESBURG				04/23/2009
	Electronic	Signature of Registered Agen	t			Date
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGES T	O OFFICERS AND DIRECTORS
Fitle: Name: Address: City-St-Zip:	TD () E OLDENBURG, CI 14738 BRECKNE MIAMI LAKES, FI	SS PL		Title: Name: Address: City-St-Zip:	TD (X) C WHITTEN, SALLY 14714 BRECKNE MIAMI LAKES, FL	ESS PL
Fitle: Name: Address: City-St-Zip:	PD () E ROMESBERG, K 14960 DUNBART MIAMI LAKES, FI	ON		Title: Name: Address: City-St-Zip:	()(Change()Addition
Fitle: Name: Address: City-St-Zip:	SD ()E BRANTLEY, ROE 14734 BRECKNE MIAMI LAKES, FI	SS PLACE		Title: Name: Address: City-St-Zip:	()(Change()Addition
Fitle: Name: Address: City-St-Zip:	D ()E MEADOR, BETTY 14818 BRECKNE MIAMI LAKES, FI	SS PL		Title: Name: Address: City-St-Zip:	()(Change()Addition
Fitle: Name: Address: Dity-St-Zip:]()	Delete		Title: Name: Address: City-St-Zip:	D () C GARCIA, PABLO 14726 BRECKNE MIAMI LAKES, FL	
Fitle: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	D ()C DALMAU, PILAR 14742 BRECKNE MIAMI LAKES, FI	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL ROMESBURG PD 04/23/2009