


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91515 021 \*\*\*\*61.25

DOCUMENT # *NO 7068*

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*14738 BRECKNESS PL*

3. Mailing Address  
*14738 BRECKNESS PL*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*MIAMI LAKES, FL*

City & State  
*MIAMI LAKES, FL*

4. FEI Number  
*65-0022564*

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip  
*33016*

Country  
*MIAMI-DADE*

Zip  
*33016*

Country  
*MIAMI-DADE*

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*CHERIE OLDENBURG*

Street Address (P.O. Box Number is Not Acceptable)  
*14738 BRECKNESS PL*

City  
*MIAMI LAKES*

FL

Zip Code  
*33016*

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: *Cherie Oldenburg* *CHERIE OLDENBURG TREAS / DIR* *4/23/03*

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD SUZANNE SORIANO 14744 BRECKNESS PL MIAMI LAKES, FL 33016</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD KARL ROMESBERG 14960 DUNBARTON MIAMI LAKES, FL 33016</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD CHERIE OLDENBURG 14738 BRECKNESS PL MIAMI LAKES, FL 33016</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD PILAR DALMAY 14732 BRECKNESS PL MIAMI LAKES, FL 33016</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D JACK WELLS 14828 BRECKNESS PL MIAMI LAKES, FL 33016</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D DONNA MASTERS 14719 GLENCAIRN ROAD MIAMI LAKES, FL 33016</i>

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Cherie Oldenburg* *CHERIE OLDENBURG* *4/23/03* *305 821 4647*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

Attachment

10089939

2003 UNIFORM BUSINESS REPORT

DOC# NO7068

BOX 10 ADDITIONS TO OFFICERS AND DIRECTORS

D  
LUIS VARGAS  
14739 GLENCAIRN ROAD  
MIAMI LAKES, FL 33016