


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N12572

1. Entity Name
MIAMI LAKES COMMERCE PARK-SECTION NINE OWNERS' ASSOCIATION, INC.



Principal Place of Business % LEGAL DEPARTMENT 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5812	Mailing Address % LEGAL DEPARTMENT 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5812
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04192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0030482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRAFMAN, HOWARD J.
 7900 MIAMI LKS DR. W.
 MIAMI LAKES, FL 33016-2897**

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$81.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAFMAN, HOWARD J. 7900 MIAMI LKS DR. W. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FIRLONG, PAMELA 305 ROYAL POINCIANA PLAZA PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRMANN, JEFFRIE A 15255 N.W. 82 AVENUE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUN, STEPHEN 7900 MIAMI LAKES DR W MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/05-80113-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steph Braun Date: 4/26/05 (305) 364-4100

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