


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90180 049 ****61.25

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				
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 65-0030482			
				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			7. Name and Address of New Registered Agent				
BRAFMAN, HOWARD J. 7900 MIAMI LKS DR. W. MIAMI LAKES, FL 33016-2897			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 _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2006		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRAFMAN, HOWARD J.		NAME				
STREET ADDRESS	7900 MIAMI LKS DR. W.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI LAKES, FL		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FIRLONG, PAMELA		NAME				
STREET ADDRESS	305 ROYAL POINCIANA PLAZA		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH, FL		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HERRMANN, JEFFRIE A		NAME				
STREET ADDRESS	15255 N.W. 82 AVENUE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI LAKES, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRAUN, STEPHEN		NAME				
STREET ADDRESS	7900 MIAMI LAKES DR W		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				
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 Chapter 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: <u>Stephen Braun</u>		Date: <u>4/25/2006</u>		Daytime Phone #: <u>305 264-4103</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Stephen Braun, Director							

