


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90007 001 ****61.25

DOCUMENT # N34254

1. Entity Name
MIAMI LAKES LAKE ADELE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
13910 CYPRESS CT
MIAMI LAKES, FL 33014 US

Mailing Address
13910 CYPRESS CT
MIAMI LAKES, FL 33014 US

44080500



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01102004 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
65-0146584

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EWART JR, E W
13910 CYPRESS CT
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent

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 Edwin W Ewart Jr.

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, 2004

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BELLS, HENRY A	
STREET ADDRESS	14121 LEANING PINE DR	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BELLS, THOMAS A	
STREET ADDRESS	7231 BAMBOO ST	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EWART, ROBERTA L	
STREET ADDRESS	13910 CYPRESS CT	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	PRESIDENT
TITLE	TD	<input type="checkbox"/> Delete
NAME	EWART JR, EDWIN W	
STREET ADDRESS	13910 CYPRESS CT	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	TREASURER
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIO BARRERO	
STREET ADDRESS	7221 BAMBOO ST.	V-PRES
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY BARRERO	
STREET ADDRESS	7221 BAMBOO ST.	SEC.
CITY-ST-ZIP	MIAMI LAKES FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberta L. Ewart President Date 8-17-04 305)557-4683 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR