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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002139

1. Corporation Name

MIAMI GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MARTHA DOWD 5530 SW 36 STREET HOLLYWOOD FL 33023	C/O MARTHA DOWD 5530 SW 36 STREET HOLLYWOOD FL 33023

2. Principal Place of Business	2a. Mailing Address
21 % Hendrika Bowser	26 %Hendrika Bowser
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 5761 S. W. 40 Court	27 5761 S. W. 40 Court
City & State	City & State
23 Hollywood, Fla.	28 Hollywood, Fla.
Zip / Country	Zip / Country
24 33023 25 USA	29 33023 30 USA

3. Date Incorporated or Qualifed: 04/14/1998

4. FEI Number: 65-0895791 — ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired: XX — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DOWD, MARTHA
5530 SW 36 STREET
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name: Hendrika Bowser

82 Street Address (P.O. Box Number is Not Acceptable): 5761 S. W. 40Court

83: Hollywood, Florida 33023

84 City: Hollywood, FL 85 Zip Code: 33023

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Hendrika Bowser — 3/26/99 DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change XX ☐ Addition
NAME	DOWD, MARTHA		1.2 NAME	Hendrika Bowser	
STREET ADDRESS	5530 SW 36 STREET		1.3 STREET ADDRESS	5761 S.W. 40 Court	
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY-ST-ZIP	~~Hollywood, Fla 33023~~	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change XX ☐ Addition
NAME	JACKSON, LAVERNE		2.2 NAME	DavidStavitzski	
STREET ADDRESS	5530 SW 36 STREET		2.3 STREET ADDRESS	121 Edmond Road	
CITY-ST-ZIP	HOLLYWOOD FL 33023		2.4 CITY-ST-ZIP	Hollywood Fla 33023	☒ Change XX ☐ Addition
TITLE	SD	☐ DELETE	3.1 TITLE	SD	
NAME	GOODYEAR, REBECCA		3.2 NAME	William Moritz	
STREET ADDRESS	35 THOMAS ROAD		3.3 STREET ADDRESS	111 Ronald Road	
CITY-ST-ZIP	HOLLYWOOD FL 33023		3.4 CITY-ST-ZIP	~~Hollywood, Fla. 33023~~	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change XX ☐ Addition
NAME	ROBERTS, TERI		4.2 NAME	Mary K. Edmonds	
STREET ADDRESS	5460 SW 38 COURT		4.3 STREET ADDRESS	5722 S.W. 36 Street	
CITY-ST-ZIP	HOLLYWOOD FL 33023		4.4 CITY-ST-ZIP	Hollywood, Fla. 33023	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change XX ☐ Addition
NAME	RIBALTO, JOSE		5.2 NAME	Bill Edmonds	
STREET ADDRESS	3865 S.W. 54TH AVENUE		5.3 STREET ADDRESS	5722 S.W. 36 Street	
CITY-ST-ZIP	HOLLYWOOD FL 33023		5.4 CITY-ST-ZIP	Hollywood,Fla. 33023	
TITLE	D	☐ DELETE	6.1 TITLE	DC	☒ Change XX ☐ Addition
NAME	BANFIELD, BETTY		6.2 NAME	Martha Dowd	
STREET ADDRESS	3435 S.W. 59TH TERRACE		6.3 STREET ADDRESS	5530 S.W. 36 Street	
CITY-ST-ZIP	HOLLYWOOD FL 33023		6.4 CITY-ST-ZIP	Hollywood, Fla. 33023	

CR2E037 (1/1/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required — 3/26/99 — 954-966-2991

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