2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N98000002139

Entity Name: MIAMI GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% LISA MAYS
3910 SW 59 AVENUE
WEST PARK, FL 33023

New Principal Place of Business:

Current Mailing Address:

% LISA MAYS
3910 SW 59 AVENUE
WEST PARK, FL 33023

New Mailing Address:

FEI Number: 65-0895791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAYS, LISA C
3910 SW 59 AVENUE
WEST PARK, FL 33023 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAYS, LISA C
Address: 3910 SW 59 AVENUE
City-St-Zip: WEST PARK, FL 33023

Title: VD ( ) Delete
Name: MINCHER, ALAN
Address: 3970 SW 59 TERRACE
City-St-Zip: WEST PARK, FL 33023

Title: SD ( ) Delete
Name: PREBAL, MARITZA
Address: 108 VIRGINIA ROAD
City-St-Zip: WEST PARK, FL 33023

Title: TD ( ) Delete
Name: PAEZ, JOSE
Address: 3810 SW 58 AVENUE
City-St-Zip: WEST PARK, FL 33023

Title: OD (X) Delete
Name: CATON, GARY
Address: 3930 SW 59 TERRACE
City-St-Zip: WEST PARK, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: PREBAL, MARITZA
Address: 108 VIRGINIA ROAD
City-St-Zip: WEST PARK, FL 33023

Title: OD (X) Change ( ) Addition
Name: SZCZEPANSKI, TOM
Address: 19 RONALD ROAD
City-St-Zip: WEST PARK, FL 33023

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA C. MAYS PD 05/02/2008
Electronic Signature of Signing Officer or Director — Date