## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002139

FILED Apr 28, 2009 Secretary of State

Entity Name: MIAMI GARDENS HOMEOWNERS ASSOCIATION, INC.

| Current Principal Place of Business:                    |   |                                    |          | New Principal Place of Business:                      |   |               |                 |               |  |
|---|---|------------------------------------|----------|---|---|---------------|-----------------|---------------|--|
| % LISA MAYS<br>1910 SW 59 AVENUE<br>NEST PARK, FL 33023 |   |                                    |          | LISA MAYS<br>3910 SW 59 AVENUE<br>WEST PARK, FL 33023 |   |               |                 |               |  |
| Current Mailing Address:                                |   |                                    |          | New Mailing Address:                                  |   |               |                 |               |  |
| 6 LISA MAYS<br>1910 SW 59 AVENUE<br>VEST PARK, FL 33023 |   |                                    |          | LISA MAYS<br>3910 SW 59 AVENUE<br>WEST PARK, FL 33023 |   |               |                 |               |  |
| El Number:  | 65-0895791  | FEI Number Applied For ( )         | FEI Num  | ber Not Appli   | cable ( )                                   | Certificat    | te of Status De | esired()      |  |
| Name and  | Address of Cu   | ırrent Registered Agent:           |          | Name and  | Address of                                  | New Regi      | istered Age     | nt:           |  |
|   | A C<br>9 AVENUE<br>RK, FL 33023                               | US                                 |          |   |   |               |                 |               |  |
|   | named entity su<br>of Florida.                                | ubmits this statement for the pur  | rpose of | changing it   | s registered                                | office or re  | egistered ag    | ent, or both, |  |
| SIGNATURE:  |   |                                    |          |   |   |               |                 |               |  |
| Electronic Signature of Registered Agent                |   |                                    |          |   | Date  |               |                 |               |  |
| OFFICERS AND DIRECTORS:                                 |   |                                    |          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:          |   |               |                 |               |  |
| itle:<br>lame:<br>\ddress:<br>City-St-Zip:              | PD () [<br>MAYS, LISA C<br>3910 SW 59 AVE<br>WEST PARK, FL    |                                    |          | Title:<br>Name:<br>Address:<br>City-St-Zip:           |   | ( ) Change(   | ) Addition      |               |  |
| itle:<br>lame:<br>lddress:<br>city-St-Zip:              | VD () [<br>MINCHER, ALAN<br>3970 SW 59 TER<br>WEST PARK, FL   | RRACE                              |          | Title:<br>Name:<br>Address:<br>City-St-Zip:           | VD<br>CUMBERBAC<br>5831 SW 27<br>WEST PARK  | STREET APT    | Č               |               |  |
| itle:<br>lame:<br>ddress:<br>City-St-Zip:               | TD () [<br>PREBAL, MARIT.<br>108 VIRGINIA RO<br>WEST PARK, FL | DAD                                |          | Title:<br>Name:<br>Address:<br>City-St-Zip:           | 1   | ()Change(     | ) Addition      |               |  |
| itle:<br>lame:<br>\ddress:<br>Dity-St-Zip:              | OD () [<br>SZCZEPANSKI,<br>19 RONALD ROA<br>WEST PARK, FL     | AD.                                |          | Title:<br>Name:<br>Address:<br>City-St-Zip:           | SD<br>TOLBERT, G<br>5713 SW 27<br>WEST PARK | STREET        | ) Addition      |               |  |
| ītle:<br>lame:<br>lddress:<br>City-St-Zip:              | 1()   | Delete                             |          | Title:<br>Name:<br>Address:<br>City-St-Zip:           | OD<br>FOULKES, M<br>5718 SW 27<br>WEST PARK | STREET        | X) Addition     |               |  |
| itle:<br>lame:<br>\ddress:<br>City-St-Zip:              | 1()   | Delete                             |          | Title:<br>Name:<br>Address:<br>City-St-Zip:           | SA<br>DOWD, MAR<br>5530 SW 36<br>WEST PARK  | STREET        | X) Addition     |               |  |
| haraby  |   | armetica cumplied with this filing |          | _+!:E . E   |   | ion state - l | Ob 4            | 10            |  |

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 MAYS PD 04/28/2009