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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721054** (5)

1. Corporation Name

**MIAMI LAKES LAKE MARTHA HOMEOWNERS ASSOCIATION N
O.2, INC.**

Principal Place of Business

Mailing Address

**HIALEAH LAKES STATION
BOX 4355
MIAMI LAKES FL 33014**

**HIALEAH LAKES STATION
BOX 4355
MIAMI LAKES FL 33014-0355**



3. Date Incorporated or Qualified
05/28/1971

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-2708924

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERS, KIMBERLY
16402 STONEHAVEN
MIAMI LAKES FL 33014**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Kimberly Anders*
Signature, typed or printed name of registered agent and title if applicable

Kimberly Anders
(NOTE: Registered Agent signature required when reinstating)

1/30/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **D MAHONEY, DOREEN**
STREET ADDRESS **7240 JACARANDA LANE**
CITY-ST-ZIP **MIAMI LAKES FL**

1.1 TITLE
1.2 NAME **Gordon Miller** ☐ Change ☒ Addition
1.3 STREET ADDRESS **7278 Jacaranda Lane**
1.4 CITY-ST-ZIP **Miami Lakes, FL 33014** **President**

TITLE ☒ DELETE
NAME **P BALLARD, DON**
STREET ADDRESS **7272 JACARANDA LANE**
CITY-ST-ZIP **MIAMI LAKES FL**

2.1 TITLE
2.2 NAME **Ron Karpf** ☐ Change ☒ Addition
2.3 STREET ADDRESS **7270 Jacaranda Lane**
2.4 CITY-ST-ZIP **Miami Lakes, FL 33014** **V President**

TITLE ☒ DELETE
NAME **D SELTZER, ARNOLD**
STREET ADDRESS **7248 JACARANDA LANE**
CITY-ST-ZIP **MIAMI LAKES FL**

3.1 TITLE
3.2 NAME **Jane Spivey** ☐ Change ☒ Addition
3.3 STREET ADDRESS **7258 Jacaranda Lane**
3.4 CITY-ST-ZIP **Miami Lakes, FL 33014** **Director**

TITLE ☒ DELETE
NAME **D MCALPINE, WARREN**
STREET ADDRESS **14740 DADE PINE AVENUE**
CITY-ST-ZIP **MIAMI LAKES FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D MERRICK, JANE**
STREET ADDRESS **7240 JACARANDA LANE**
CITY-ST-ZIP **MIAMI LAKES FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 or changed for on an attachment with an address.

SIGNATURE: *Gordon Miller*

1/30/97 **305/82-1787**
823-1787

CR2E037 (9/96)