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Sep 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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**



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/28/1971

4. FEI Number

59-2708924

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

**ANDERS, KIMBERLY
18402 STONEHAVEN
MIAMI LAKES FL 33014**

81 Name

Kimberly Anders

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

18402 Stonehaven Rd

83

Miami Lakes

84 City

FL

85 Zip Code

33014

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

KIMBERLY ANDERS Sec/Treas

8/27/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHONEY, DOREEN	
STREET ADDRESS	7240 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RON KARPE	
STREET ADDRESS	7270 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SELTZER, ARNOLD	
STREET ADDRESS	7248 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GORDON MILLER	
STREET ADDRESS	7278 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANE SPIVEY	
STREET ADDRESS	7258 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P
4.3 STREET ADDRESS	Rosemary Boomer
4.4 CITY-ST-ZIP	7308 JACARANDA LANE Miami Lakes FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	PAT DRASER
6.4 CITY-ST-ZIP	7214 JACARANDA LANE Miami Lakes FL

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.

SIGNATURE:

Donna M. Karpe

8/25/98

305-823-1787

CR2E037 (10/97)