


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90066 014 \*\*\*\*61.25

<b>DOCUMENT # 721054</b> 1. Entity Name <b>MIAMI LAKES LAKE MARTHA HOMEOWNERS ASSOCIATION NO.2, INC.</b>					
Principal Place of Business <b>HIALEAH LAKES STATION PO BOX 4355 MIAMI LAKES, FL 33014</b>			Mailing Address <b>HIALEAH LAKES STATION PO BOX 4355 MIAMI LAKES, FL 33014</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2708924</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BROUGH, CHADROW &amp; LEVINE, P.A. 1900 N COMMERCE PARKWAY WESTON, FL 33326</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHITTINGTON, ROBERT F <input type="checkbox"/> Delete 7292 JACARANDA LANE MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert F. Whittington 7292 Jacaranda Lane Miami Lakes, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTLEBERRY, MICHAEL <input type="checkbox"/> Delete 7272 JACARANDA LANE MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Baron 6870 Miami Lakes Drive Miami Lakes, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete RUSSO, MICHAEL 7206 JACARANDA LN MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Armando Valdes 7268 Jacaranda Lane Miami Lakes, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JANE SPIVEY 7258 JACARANDA LANE MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Pulido 14860 Dade Pine Ave Miami Lakes, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete PULIDO, RICHARD 14860 DADE PINE AVE MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete HERSH, BURTON 7130 LAUREL LANE MIAMI LAKES, FL 33014	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Robert F. Whittington</u>			1/23/2007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>					