

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721054

FILED
Mar 18, 2009
Secretary of State

Entity Name: MIAMI LAKES LAKE MARTHA HOMEOWNERS ASSOCIATION NO.2, INC.

Current Principal Place of Business:

HIALEAH LAKES STATION
PO BOX 4355
MIAMI LAKES, FL 33014

New Principal Place of Business:

C/O R. WHITTINGTON
7292 JACARANDA LANE
MIAMI LAKES, FL 33014

Current Mailing Address:

HIALEAH LAKES STATION
PO BOX 4355
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 59-2708924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
1900 N COMMERCE PARKWAY
WESTON, FL 33326 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: P () Delete
Name: WHITTINGTON, ROBERT F
Address: 7292 JACARANDA LANE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: CASTLEBERRY, MIACHAEL
Address: 7272 JACARANDA LANE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: JANE SPIVEY,
Address: 7258 JACARANDA LANE
City-St-Zip: MIAMI LAKES, FL 33014

Title: V () Delete
Name: PULIDO, RICHARD
Address: 14860 DADE PINE AVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: T () Delete
Name: BARON, JOHN
Address: 6870 MIAMI LAKES DR
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT WHITTINGTON

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date