

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **751817** (8)

1. Corporation Name

TAMIAMI LAKES SECTION 2 HOMEOWNERS ASSOCIATION, INC.

330



Principal Place of Business

Mailing Address

C/O J&M CONDO MNGMT & MAINTEN. INC.
221 SW 22ND AVE #219
MIAMI FL 33135

C/O J&M CONDO MNGMT & MAINTEN. INC.
221 SW 22ND AVE #219
MIAMI FL 33135

3. Date Incorporated or Qualified
04/01/1980

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2070613

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

**KABA, MOISES
2542 SW 6TH ST
MIAMI FL 33135**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **KABA, MOISES**
STREET ADDRESS **1936 SW 136TH PL**
CITY-ST-ZIP **MIAMI FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **DIAZ, LUIS**
STREET ADDRESS **1956 SW 136TH PLACE**
CITY-ST-ZIP **MIAMI FL**

21 TITLE ☒ Change ☐ Addition
22 NAME **Alfredo Riverol**
23 STREET ADDRESS **2006 S.W. 136 Place**
24 CITY-ST-ZIP **Miami, FL. 33175**

TITLE **SD** ☐ DELETE
NAME **RIVEROL, SIXTO**
STREET ADDRESS **2056 SW 136TH PL**
CITY-ST-ZIP **MIAMI FL**

31 TITLE ☒ Change ☐ Addition
32 NAME **Juan Carlos Garrandes**
33 STREET ADDRESS **2137 S.W. 136 Place**
34 CITY-ST-ZIP **Miami, FL. 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition
42 NAME **Jose Turino**
43 STREET ADDRESS **1856 S.W. 136 Place**
44 CITY-ST-ZIP **Miami, FL. 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Moses Kaba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)