

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90038 026 \*\*\*\*61.25

**DOCUMENT # 751817**

1. Entity Name  
**TAMIAMI LAKES SECTION 2 HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O J&M CONDO MNGMT & MAINTEN. INC.  
221 SW 22ND AVE #219  
MIAMI, FL 33135**

Mailing Address  
**275 FONTAINE BLVD  
200  
MIAMI, FL 33172 US**

03000163



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2070613</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**J & M MANAGEMENT, INC.  
275 FONTAINE BLEAU BLVD.  
MIAMI, FL 33172**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVEROL, SIXTO 2056 SW 136TH PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURINO, JOSE 1856 SW 136 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURINO, MAGGIE 1856 SW 136 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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.

**SIGNATURE:**

*Jose Turino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04  
Date

Daytime Phone #