

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751817

FILED  
May 01, 2007  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

275 FONTAINE BLVD  
200  
MIAMI, FL 33172 US

**New Mailing Address:**

**FEI Number:** 59-2070613      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

J & M MANAGEMENT, INC.  
275 FONTAINE BLEAU BLVD.  
MIAMI, FL 33172 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: SD ( ) Delete  
Name: RIVEROL, SIXTO,  
Address: 2056 SW 136TH PL  
City-St-Zip: MIAMI, FL 33175

Title: TD ( ) Delete  
Name: TURINO, JOSE  
Address: 1856 SW 136 PL  
City-St-Zip: MIAMI, FL 33175

Title: PD ( ) Delete  
Name: TURINO, MAGGIE  
Address: 1856 SW 136 PL  
City-St-Zip: MIAMI, FL 33175

**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:

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: MAGGIE TURINO

PD

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date