


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

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90333 002 \*\*\*\*61.25

**DOCUMENT # 751819**

1. Entity Name  
**TAMIAMI LAKES SECTION 4 HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**MJB Management Services, Inc.**  
**19501 NE 10<sup>th</sup> Avenue, Suite 300**  
**North Miami Beach, FL 33179** **SAME**

**44047143**



2. Principal Place of Business 3. Mailing Address  
**19501 NE 10th Avenue** **19501 NE 10th Avenue**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 300** **Suite 300**

03222004 Chg-NP CR2E037 (10/03)

City & State City & State  
**North Miami Beach FL** **North Miami Beach FL**  
 Zip Country Zip Country  
**33179** **USA** **33179** **USA**

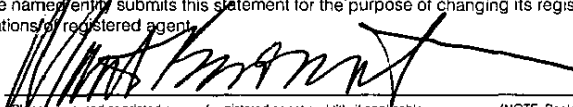
4. FEI Number **59-2070613** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MJB Management Services, Inc.**  
**19501 NE 10<sup>th</sup> Avenue, Suite 300**  
**North Miami Beach, FL 33179**

7. Name and Address of New Registered Agent  
 Name: **MJB Management Services, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19501 NE 10th Avenue**  
**Suite 300**  
 City **North Miami Beach** FL Zip Code **33179**

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  **04-15-04**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make check payable to Florida Department of State**


10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MANUEL, PININ	941 SW 136TH PLACE	MIAMI, FL 33184	<input type="checkbox"/>
VP	DOUGLAS, RODRIGUEZ	948 SW 136TH PLACE	MIAMI, FL 33184	<input type="checkbox"/>
SD	DELIA, TAPANES	929 SW 136TH PL	MIAMI, FL 33184	<input type="checkbox"/>
TD	CARLOS, MONSON	1018 SW 136TH PL	MIAMI, FL 33184	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **3056523701** **04-15-04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #