


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000004019 1. Entity Name MARTINIQUE AT MIRAMAR COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 8151 PETERS ROAD CROSSROADS BLDG # 2 PLANTATION, FL 33324	Mailing Address 8151 PETERS ROAD CROSSROADS BLDG # 2 PLANTATION, FL 33324
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2. Principal Place of Business - No P.O. Box # <i>Miami Management, Inc.</i> Suite, Apt. #, etc. 1145 Sawgrass Corp. Pkwy City & State Sunrise, FL	3. Mailing Address <i>Miami Management, Inc.</i> Suite, Apt. #, etc. 1145 Sawgrass Corp. Pkwy City & State Sunrise, FL
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Zip 33323	Country USA	Zip 33323	Country USA
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6. Name and Address of Current Registered Agent BAKALAR & EICHNER, P.A. 150 SOUTH PINE ISLAND RD, SUITE 540 MIAMI, FL 33324 - Pls correct address	7. Name and Address of New Registered Agent Name <i>Bakalar & Eichner, P.A.</i> Street Address (P.O. Box Number is Not Acceptable) 150 South Pine Island Rd. Suite 540 City <i>Plantation, FL</i> FL Zip Code <i>33324</i>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SCHRAGER, MARLENE	TITLE	PD Maria C. Herrera
NAME		NAME	
STREET ADDRESS	8190 STATE RD 84	STREET ADDRESS	1145 Sawgrass Corp. Pkwy
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	Sunrise FL 33323
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD PAPALE, MICHAEL	TITLE	VPD Silvia Sierra
NAME		NAME	
STREET ADDRESS	8151 PETERS ROAD	STREET ADDRESS	1145 Sawgrass Corp. Pkwy
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Sunrise FL 33323
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	STD CUMMINGS, KENDALL	TITLE	SO Liguel Avila
NAME		NAME	
STREET ADDRESS	8151 PETERS ROAD	STREET ADDRESS	1145 Sawgrass Corp. Pkwy
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Sunrise, FL 33323
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* 11/21/07 Date

Daytime Phone #

FILED
08 JAN 22 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

