## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004019

FILED Apr 03, 2009 Secretary of State

Entity Name: MARTINIQUE AT MIRAMAR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323 US

Current Mailing Address: New Mailing Address:

MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323 US

FEI Number: 20-4696849 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ASSOCIATION LAW GROUP, P.L.

1666 KENNEDY CAUSEWAY,

SUITE 305

BAKALAR & EICHNER, P.A.

150 SOUTH PINE ISLAND ROAD
SUITE 540

NORTH BAY VILLAGE, FL 33141 US PLANTATION, FLORIDA, FL 33324 US

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: PAUL EICHNER 04/03/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: HENERA, MARIA C Name: ALBERTO, DIAZ
Address: 1145 SAWGRASS CORP. PKWY Address: 1145 SAWGRASS CORP. PKWY

City-St-Zip: SUNRISE, FL 33323 US City-St-Zip: SUNRISE, FL 33323 US

Title: VTD ( ) Delete Title: VD (X) Change ( ) Addition

Name: SIERRA, SILVIA Name: JULIO, DIEZ

Address: 1145 SAWGRASS CORP. PKWY Address: 1145 SAWGRASS CORP. PKWY

City-St-Zip: SUNRISE, FL 33323 US City-St-Zip: SUNRISE, FL 33323 US

Title:SD () DeleteTitle:STD (X) Change () AdditionName:AVILA, MIGUELName:ROBERTO, GONZALEZ JRAddress:1145 SAWGRASS CORP. PKWYAddress:1145 SAWGRASS CORP. PKWY

City-St-Zip: SUNRISE, FL 33323 US City-St-Zip: SUNRISE, FL 33323 US

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: ALBERTO DIAZ VD 04/03/2009