FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **721054** **(5)**

1. Corporation Name

MIAMI LAKES LAKE MARTHA HOMEOWNERS ASSOCIATION N 0.2, INC.

Principal Place of Business	Mailing Address
HIALEAH LAKES STATION BOX 4355 MIAMI LAKES FL 33014	HIALEAH LAKES STATION BOX 4355 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2708924 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS.501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

ARGO, MARIANNE
8313 NW 191 LANE
MIAMI FL 33015-8

10. Name and Address of New Registered Agent

81 Name: Kimberly Anders
82 Street Address (P.O. Box Number is Not Acceptable): 16402 Stonehaven Road
83
84 City: Miami Lakes FL 85 Zip Code: 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kimberly Anders Secretary/Treasurer 2/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, DOREEN	1.2 NAME		
STREET ADDRESS	7240 JACARANDA LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	BALLARD, DON	2.2 NAME		
STREET ADDRESS	7272 JACARANDA LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	GOODMAN, HELEN	3.2 NAME	GOODMAN, LOU	
STREET ADDRESS	7210 JACARANDA LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	SELTZER, ARNOLD	4.2 NAME		
STREET ADDRESS	7230 JACARANDA LANE	4.3 STREET ADDRESS	7248 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MCALPINE, WARREN	5.2 NAME		
STREET ADDRESS	14740 DADE PINE AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MERRICK, JANE	6.2 NAME		
STREET ADDRESS	7240 JACARANDA LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doreen Mahoney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doreen MAHONEY President 3/13/95 305/642-6229
Date Daytime Phone #

0037820