

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **721054** (5)

1. Corporation Name

**MIAMI LAKES LAKE MARTHA HOMEOWNERS ASSOCIATION N
O.2, INC.**



Principal Place of Business

Mailing Address

**HIALEAH LAKES STATION
BOX 4355
MIAMI LAKES FL 33014**

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BOX 4355
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified

05/28/1971

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERS, KIMBERLY
16402 STONEHAVEN ROAD
MIAMI LAKES FL 33014**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

STONEHAVEN

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kimberly Anders

Kimberly Anders

2/1/96

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	<input type="checkbox"/> DELETE
NAME	MAHONEY, DOREEN	
STREET ADDRESS	7240 JACARANDA LANE	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BALLARD, DON	
STREET ADDRESS	7272 JACARANDA LANE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, LOU	
STREET ADDRESS	7210 JACARANDA LANE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SELTZER, ARNOLD	
STREET ADDRESS	7248 JACARANDA LANE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCALPINE, WARREN	
STREET ADDRESS	14740 DADE PINE AVENUE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERRICK, JANE	
STREET ADDRESS	7240 JACARANDA LANE	
CITY - ST - ZIP	MIAMI LAKES FL	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Don Ballard
13 STREET ADDRESS	7272 Jacaranda Lane
14 CITY - ST - ZIP	MIAMI LAKES FL 33014
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP
23 STREET ADDRESS	7270 Jacaranda Lane
24 CITY - ST - ZIP	MIAMI LAKES FL 33014
31 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Doreen Mahoney
33 STREET ADDRESS	7240 Jacaranda Lane
34 CITY - ST - ZIP	MIAMI LAKES FL 33014
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

Don Ballard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON BALLARD, President

2/1/96

DATE

305/821-5719

Daytime Phone #

CR2E037 (12/95)