

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90048 004 ****70.00

DOCUMENT # 721054

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

05/28/1971

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

9. Name and Address of Current Registered Agent

**ANDERS, KIMBERLY
18402 STONEHAVEN RD
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name

Carol A. Waud

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

7050 West Second Lane

83

84 City

Hialeah

FL

85 Zip Code

33014-5314

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 26, 1999

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MAHONEY, DOREEN**
STREET ADDRESS **7240 JACARANDA LANE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **VP** ☐ DELETE

NAME **SELTZER, ARNOLD**
STREET ADDRESS **7248 JACARANDA LANE**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **P** ☒ DELETE

NAME **BOOMER, ROSEMARY**
STREET ADDRESS **7308 JACARANDA LANE**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **D** ☐ DELETE

NAME **JANE SPIVEY**
STREET ADDRESS **7258 JACARANDA LANE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **VP** ☒ DELETE

NAME **DRASER, PAT**
STREET ADDRESS **7214 JACARANDA LANE**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME **MICHAEL Russo**
1.3 STREET ADDRESS **7206 Jacaranda Lane**
1.4 CITY-ST-ZIP **Miami Lakes, FL 33014**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Gordon Miller**
2.3 STREET ADDRESS **7278 Jacaranda Lane**
2.4 CITY-ST-ZIP **Miami Lakes, FL 33014**

3.1 TITLE **VP** ☒ Change ☐ Addition

3.2 NAME **Arnold F. Seltzer**
3.3 STREET ADDRESS **7248 Jacaranda Lane**
3.4 CITY-ST-ZIP **Miami Lakes, FL 33014**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

REQUIRED

1-27-99 305-823-1787

CR2E037 (11/98)