

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721054

1. Entity Name

MIAMI LAKES LAKE MARTHA HOMEOWNERS ASSOCIATION N

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90001 047 ****70.00

Principal Place of Business

HIALEAH LAKES STATION
BOX 4355
MIAMI LAKES FL 33014

Mailing Address

HIALEAH LAKES STATION
BOX 4355
MIAMI LAKES FL 33014-0355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2708924

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Please correct spelling of last name

WOOD, CAROL A s/b Waud, Carol A
7050 W 2ND LANE
HIALEAH FL 33014-5314

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MAHONEY, DOREEN
STREET ADDRESS 7240 JACARANDA LANE
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SELTZER, ARNOLD
STREET ADDRESS 7248 JACARANDA LANE
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME RUSSO, MICAEL
STREET ADDRESS 7206 JACARANDA LN
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☒ Change ☐ Addit
NAME Russo, Michael
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JANE SPIVEY
STREET ADDRESS 7258 JACARANDA LANE
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MILLER, GORDON
STREET ADDRESS 7248 JACARANDA LN
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Michael Russo (MICHAEL RUSSO), President, 1-31-00 (305) 826-0628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #