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APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
05/28/1971 05/01/1994

4. FEI Number Applied For
59-2708924 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

9. Name and Address of Current Registered Agent

**ARSO, MARIANNE
83/3 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 resigning)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAHONEY, DOREEN
STREET ADDRESS	7240 JACARANDA LANE
CITY - ST - ZIP	MIAMI LAKES FL 33014
TITLE	VP
NAME	BALLARD, DON
STREET ADDRESS	7272 JACARANDA LANE
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	D
NAME	GOODMAN, HELEN
STREET ADDRESS	7210 JACARANDA LANE
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	D
NAME	SELTZER, ARNOLD
STREET ADDRESS	7230 JACARANDA LANE
CITY - ST - ZIP	MIAMI LAKES FL 33014
TITLE	S
NAME	MCALPINE, WARREN
STREET ADDRESS	14740 DADE PINE AVENUE
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	D
NAME	MERRICK, JANE
STREET ADDRESS	7240 JACARANDA LANE
CITY - ST - ZIP	MIAMI LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D GOODMAN, LOU
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7248 JACARANDA LANE
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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* **Doreen MAHONEY** President **3/13/95** **305/642-6229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR (Date) (Phone) (Fax)