

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: HIALEAH LAKES STATION BOX 4355 MIAMI LAKES FL 33014
Mailing Address: HIALEAH LAKES STATION 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: 21
2a. Mailing Address: 26

4. FEI Number: 59-2708924
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23
City & State: 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
Zip: 29
Country: 30

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
85 Zip Code: FL

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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
DATE: 2/1/96
DAYTIME PHONE #: 305/821-5719

CR2E037 (12/95)