

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 03 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 721054 (5)

1. Corporation Name
MIAMI LAKES LAKE MARTHA HOMEOWNERS ASSOCIATION N O.2, INC.



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| Principal Place of Business HIALEAH LAKES STATION BOX 4355 MIAMI LAKES FL 33014 | Mailing Address HIALEAH LAKES STATION BOX 4355 MIAMI LAKES FL 33014 |
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|---|-------------------------------|
| 3. Date Incorporated or Qualified 05/28/1971 | |
| 4. FEI Number 59-2708924 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 24 Country 25 |
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9. Name and Address of Current Registered Agent

ANDERS, KIMBERLY
18402 STONEHAVEN
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

| | |
|--|----------------------|
| 81 Name Kimberly Anders | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 18402 Stonehaven Rd | |
| 83 City Miami Lakes | |
| 84 State FL | 85 Zip Code 33014 |

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 Sec/Treas 8/27/98

12. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAHONEY, DOREEN 7240 JACARANDA LANE MIAMI LAKES FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RON KARPE 7270 JACARANDA LANE MIAMI LAKES FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SELTZER, ARNOLD 7248 JACARANDA LANE MIAMI LAKES FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GORDON MILLER 7278 JACARANDA LANE MIAMI LAKES FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JANE SPIVEY 7258 JACARANDA LANE MIAMI LAKES FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|---|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | P Rosemary Boomer 7308 JACARANDA LANE Miami Lakes FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | VP PAT DRASER 7214 JACARANDA LANE Miami Lakes FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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.

SIGNATURE: *Rosemary Boomer* 8/25/98 305-823-1787

CR2E037 (10/97)