

FILE NOW: FILING FEE IS \$61.25

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

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

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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 |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified  |  |
| 21                             |  | 26                  |  | 05/28/1971   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number  |  |
| 22                             |  | 27                  |  | 59-2708924   |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| Zip                            |  | Zip                 |  |  |  |
| 24                             |  | 29                  |  | 30   |  |
| Country                        |  | Country             |  |  |  |
| 25                             |  | 29                  |  | 30   |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                 |  |  |  | 10. Name and Address of New Registered Agent  |  |  |  |
| ANDERS, KIMBERLY<br>18402 STONEHAVEN RD<br>MIAMI LAKES FL 33014 |  |  |  | 81 Name <b>Carol A. Waud</b>  |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>7050 West Second Lane</b> |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City <b>Hialeah</b> <b>FL</b> 85 Zip Code <b>33014-5314</b>                        |  |  |  |

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 *Carol A. Waud* **January 26, 1999**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                            |                      |  |  |   |                          |  |  |
|----------------------------|----------------------|--|--|---|--------------------------|--|--|
| 12. OFFICERS AND DIRECTORS |                      |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          |  |  |
| TITLE                      | D                    | <input type="checkbox"/> DELETE            |  | 1.1 TITLE   | P                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | MAHONEY, DOREEN      |  |  | 1.2 NAME  | <del>Michael</del> Russo |  |  |
| STREET ADDRESS             | 7240 JACARANDA LANE  |  |  | 1.3 STREET ADDRESS                                    | 7206 Jacaranda Lane      |  |  |
| CITY-ST-ZIP                | MIAMI LAKES FL 33014 |  |  | 1.4 CITY-ST-ZIP                                       | Miami Lakes, FL 33014    |  |  |
| TITLE                      | <del>SVP</del>       | <input type="checkbox"/> DELETE            |  | 2.1 TITLE   | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | SELTZER, ARNOLD      |  |  | 2.2 NAME  | Gordon Miller            |  |  |
| STREET ADDRESS             | 7248 JACARANDA LANE  |  |  | 2.3 STREET ADDRESS                                    | 7278 Jacaranda Lane      |  |  |
| CITY-ST-ZIP                | MIAMI LAKES FL       |  |  | 2.4 CITY-ST-ZIP                                       | Miami Lakes, FL 33014    |  |  |
| TITLE                      | P                    | <input checked="" type="checkbox"/> DELETE |  | 3.1 TITLE   | VP                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | BOOMER, ROSEMARY     |  |  | 3.2 NAME  | Arnold F. Seltzer        |  |  |
| STREET ADDRESS             | 7308 JACARANDA LANE  |  |  | 3.3 STREET ADDRESS                                    | 7248 Jacaranda Lane      |  |  |
| CITY-ST-ZIP                | MIAMI LAKES FL       |  |  | 3.4 CITY-ST-ZIP                                       | Miami Lakes, FL 33014    |  |  |
| TITLE                      | D                    | <input type="checkbox"/> DELETE            |  | 4.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | JANE SPIVEY          |  |  | 4.2 NAME  |                          |  |  |
| STREET ADDRESS             | 7258 JACARANDA LANE  |  |  | 4.3 STREET ADDRESS                                    |                          |  |  |
| CITY-ST-ZIP                | MIAMI LAKES FL 33014 |  |  | 4.4 CITY-ST-ZIP                                       |                          |  |  |
| TITLE                      | VP                   | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | DRASER, PAT          |  |  | 5.2 NAME  |                          |  |  |
| STREET ADDRESS             | 7214 JACARANDA LANE  |  |  | 5.3 STREET ADDRESS                                    |                          |  |  |
| CITY-ST-ZIP                | MIAMI LAKES FL       |  |  | 5.4 CITY-ST-ZIP                                       |                          |  |  |
| TITLE                      |                      | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                      |  |  | 6.2 NAME  |                          |  |  |
| STREET ADDRESS             |                      |  |  | 6.3 STREET ADDRESS                                    |                          |  |  |
| CITY-ST-ZIP                |                      |  |  | 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: *[Signature]* **1-27-99 305-823-1787**  
 Signature and typed or printed name of signing officer, director Date Daytime Phone #

CR2E037 (11/98)