

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
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00010001



DO NOT WRITE IN THIS SPACE

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
WQGD, 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 NAME STREET ADDRESS CITY-ST-ZIP	D MAHONEY, DOREEN 7240 JACARANDA LANE MIAMI LAKES FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additic
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELTZER, ARNOLD 7248 JACARANDA LANE MIAMI LAKES FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additic
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSO, MICAEL 7206 JACARANDA LN MIAMI LAKES FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Russo, Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additic
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANE SPIVEY 7258 JACARANDA LANE MIAMI LAKES FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additic
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GORDON 7248 JACARANDA LN MIAMI LAKES FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additic
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additic
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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 #