
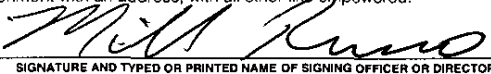


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90013 021 ****70.00

DOCUMENT # 721054					
1. Entity Name MIAMI LAKES LAKE MARTHA HOMEOWNERS ASSOCIATION NO.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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2708924	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANHAM, MICHAEL		NAME	ROBERT F WHITTINGTON	
STREET ADDRESS	7124 LAUREL LN		STREET ADDRESS	7299 JACARANDA LANE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	MIAMI LAKES, FL 33014-2605	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCO, EDDIE		NAME	JOSE R ROCA	
STREET ADDRESS	7218 JACARANDA LN		STREET ADDRESS	14780 DADE PINE AVENUE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	MIAMI LAKES, FL 33014-2628	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, MICHAEL		NAME		
STREET ADDRESS	7206 JACARANDA LN		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE SPIVEY		NAME		
STREET ADDRESS	7258 JACARANDA LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, GORDON		NAME	JAMES S WELLS	
STREET ADDRESS	7248 JACARANDA LN		STREET ADDRESS	6940 HOLLY ROAD	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	MIAMI LAKES, FL 33014-2669	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, JOSE LUIS		NAME	MB "PEGGIE" LYONS	
STREET ADDRESS	6926 HOLLY ROAD		STREET ADDRESS	7128 LAUREL LANE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	MIAMI LAKES, FL 33014-2664	
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: 		1/27/04		305-823-1787	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

24005364



01202004 Chg-NP CR2E037 (10/03)