

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
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95 MAY -1 AM 1:29

TALLAHASSEE, FLORIDA  
00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000792 (1)

1. Corporation Name

THE HOMES AT FOREST LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9100 S. DADELAND BLVD.  
SUITE 1410  
MIAMI FL 33156

9100 S. DADELAND BLVD.  
SUITE 1410  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/16/1994  
3a. Date of last Report NA  
4. FEI Number 65-0468197  
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 999 PONCE DE LEON BLVD

26 999 PONCE DE LEON BLVD

22 SUITE 1000

27 SUITE 1000

23 CORAL GABLES, FL.

28 CORAL GABLES, FL.

24 ZIP 33134

25 COUNTRY USA

29 ZIP 33134

30 COUNTRY USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
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

TRELLES, ALBERTO N ESQ.  
9100 S. DADELAND BLVD.  
SUITE 1410  
MIAMI FL 33156

999 PONCE DE LEON BLVD  
SUITE 1000  
CORAL GABLES, FL. 33134

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the filer applicable)

(NOT Registered Agent signature required when reinstating)

GATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTO, DERIS	1.2 NAME	
STREET ADDRESS	9100 S. DADELAND BLVD.	1.3 STREET ADDRESS	999 PONCE DE LEON BLVD #1000
CITY ST ZIP	MIAMI FL 33156	1.4 CITY ST ZIP	CORAL GABLES FL 33134
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, GINA	2.2 NAME	
STREET ADDRESS	9100 S. DADELAND BLVD.	2.3 STREET ADDRESS	999 PONCE DE LEON BLVD #1000
CITY ST ZIP	MIAMI FL 33156	2.4 CITY ST ZIP	CORAL GABLES, FL. 33134
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LARO, LUCY
STREET ADDRESS		3.3 STREET ADDRESS	999 PONCE DE LEON BLVD #1000
CITY ST ZIP		3.4 CITY ST ZIP	CORAL GABLES, FL. 33134
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		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 do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. I further certify that the information indicated on the (annual) or semi-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 if not eliminated with my address.

SIGNATURE

*asally in fact*

4/13/95 (005) 445-4668

Date (day/month/year) (Signature/Phone #)

