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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **N94000000792**

1. Corporation Name

THE HOMES AT FOREST LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~9000 W. SHERIDAN STREET SUITE 146~~ PEMBROKE PINES FL 33024	9000 W. SHERIDAN STREET SUITE 146 PEMBROKE PINES FL 33024

2. Principal Place of Business	2a. Mailing Address
21	26 LANDMARK MANAGEMENT SERVICES, INC.
22 Suite, Apt. #, etc.	27 9000 SHERIDAN STREET SUITE 134
23 City & State	28 PEMBROKE PINES, FL 33024-8801
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualifed: 02/16/1994

4. FEI Number: 65-0468197 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~CONDO ACCOUNTING~~
~~C/O KELLY NEWBY~~
9000 SHERIDAN ST #146
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
82 ~~LANDMARK MANAGEMENT SERVICES~~, INC.
83 ~~9000 SHERIDAN STREET SUITE 134~~
PEMBROKE PINES, FL 33024-8801
84 City **FL** 85 Zip Code

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: [signature] 1/21/99
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, DAVID		1.2 NAME		
STREET ADDRESS	5988 SW 112 DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33330		1.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ ~~DELETE~~	2.1 TITLE		☐ Change ☐ Addition
NAME	~~CAWTHON, CHUCK~~		2.2 NAME		
STREET ADDRESS	~~11233 SW 59 STREET~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~COOPER CITY FL 33330~~		2.4 CITY-ST-ZIP		
TITLE	SD TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	ROGERS, LINDA		3.2 NAME	ROGERS, LINDA	
STREET ADDRESS	11227 SW 59 STREET		3.3 STREET ADDRESS	11227 S.W. 59 ST	
CITY-ST-ZIP	COOPER CITY FL 33330		3.4 CITY-ST-ZIP	COOPER CITY, FL 33330	
TITLE	~~TD~~	☐ ~~DELETE~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~DINGFELDER, SCOTT~~		4.2 NAME		
STREET ADDRESS	~~5936 SW 112 LANE~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~COOPER CITY FL 33330~~		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	Dorothy Hughes		5.2 NAME	DOROTHY HUGHES	
STREET ADDRESS	5957 S.W 112 Ln.		5.3 STREET ADDRESS	5957 S.W. 112 LN	
CITY-ST-ZIP	Cooper City, Fl 33330		5.4 CITY-ST-ZIP	COOPER CITY, FL 33330	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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] REQUIRED Linda Rogers 1/15/99 434-6227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #