

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/00-90264-035-\$61.25-\$61.25

DOCUMENT # N94000000792

1. Entity Name

THE HOMES AT FOREST LAKE HOMEOWNERS ASSOCIATION.

Principal Place of Business

9000 W. SHERIDAN STREET SUITE 146
PEMBROKE PINES FL 33024

Mailing Address

9000 W. SHERIDAN STREET SUITE 146
PEMBROKE PINES FL 33024-8801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

12323 SW 55 St.

Suite, Apt. #, etc.

Suite 1002

City & State

Cooper City, FL

Zip

33330

Country

BROWARD

4. FEI Number

65-0468197

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANDMARK MANAGEMENT SERVICES INC
9000 SHERIDAN STREET SUITE 134
PEMBROKE PINES FL 33024-8801

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

12323 SW 55 Street

Suite 1002

City

Cooper City

FL

Zip Code

33330

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/00

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

TITLE	PD	☒ Delete
NAME	WALKER, DAVID	
STREET ADDRESS	5988 SW 112 DR	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	VD	☐ Delete
NAME	HUGHES, DOROTHY D	
STREET ADDRESS	5957 SW 112 LN	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	TD	☐ Delete
NAME	ROGERS, LINDA	
STREET ADDRESS	11227 SW 59 STREET	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	BOB ARONSON	☐ Delete
NAME	5917 SW 112 th LANE	
STREET ADDRESS	Cooper City FL 33330	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	LINDA ROGERS	
STREET ADDRESS	11227 SW 59 STREET	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	BOB ARONSON	☐ Change ☒ Addition
NAME	5917 SW 112 th LANE	
STREET ADDRESS	Cooper City FL 33330	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA ROGERS 4/25/00

Date

Daytime Phone #

CR2E037 (9/99)