

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90459 039 ****61.25

DOCUMENT # N94000000792

1. Entity Name

THE HOMES AT FOREST LAKE HOMEOWNERS ASSOCIATION.

Principal Place of Business

Mailing Address

9000 W. SHERIDAN STREET SUITE 146
 PEMBROKE PINES FL 33024

12323 SW 55 STREET
 SUITE 1002
 COOPER CITY FL 33330

C0063212



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

65-0468197

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

LANDMARK MANAGEMENT SERVICES INC
12323 SW 55 STREET
SUITE 1002
COOPER CITY, FL 33330

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.

Kent S. Sanchez

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	VD	<input type="checkbox"/> Delete
NAME	HUGHES, DOROTHY	
STREET ADDRESS	5957 SW 112 LN	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, LINDA	
STREET ADDRESS	11227 SW 59 STREET	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	TD	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
NAME	ARONSON, BOB	
STREET ADDRESS	5917 SW 112TH LANE	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Linda L. Rogers* Linda L. Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/01

Daytime Phone #

434-6227

CR2E037 (10/00)