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May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000000742 (4)

1. Corporation Name

THE MANSIONS AT FOREST LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

550 BILTMORE WAY, STE. 1110  
CORAL GABLES FL 33134

550 BILTMORE WAY, STE. 1110  
CORAL GABLES FL 33134-5730



3. Date Incorporated or Qualified  
02/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISENFELD, JOSEPH J  
799 BRICKELL PLAZA, STE. 900  
MIAMI FL 33131

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 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, 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 D  
NAME BONDAY, BOB  
STREET ADDRESS 550 BILTMORE WAY, STE. 1110  
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE PRESIDENT, D  
1.2 NAME DAVID GRIFFIN  
1.3 STREET ADDRESS 13790 N.W. 4 STREET  
1.4 CITY-ST-ZIP SUNRISE, FL. 33325

TITLE D  
NAME FERNANDEZ, JOSE  
STREET ADDRESS 550 BILTMORE WAY, STE. 1110  
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE VICE PRESIDENT, D  
2.2 NAME FELIX BRAVERMAN  
2.3 STREET ADDRESS 13790 N.W. 4 STREET  
2.4 CITY-ST-ZIP SUNRISE, FL. 33325

TITLE D  
NAME BRAVERMAN, FELIX  
STREET ADDRESS 550 BILTMORE WAY, STE. 1110  
CITY-ST-ZIP CORAL GABLES FL 33134

3.1 TITLE SECRETARY/TREASURER, D  
3.2 NAME JOSE FERNANDEZ  
3.3 STREET ADDRESS 550 BILTMORE WAY, SUITE 1110  
3.4 CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027064

CR2E037 (9/96)