

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 22 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000000742 (4)

1. Corporation Name
 THE MANSIONS AT FOREST LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 550 BILTMORE WAY, STE. 1110 CORAL GABLES FL 33134		Mailing Address 550 BILTMORE WAY, STE. 1110 CORAL GABLES FL 33134		3. Date Incorporated or Qualified 02/12/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number APPLIED FOR 650741512	
21		26		Applied For Not Applicable	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent WEISENFELD, JOSEPH J 799 BRICKELL PLAZA, STE. 900 MIAMI FL 33131				10. Name and Address of New Registered Agent			
				81 Name Weisenfeld, Joseph J.			
				82 Street Address (P.O. Box Number Is Not Acceptable) 550 Biltmore Way			
				83 Suite 1120			
				84 City Coral Gables			
				85 Zip Code FL 33134			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GRIFIN, DAVID <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13790 N.W. 4 ST.	1.2 NAME Luis Rabel	
STREET ADDRESS	SUNRISE FL	1.3 STREET ADDRESS 13798 NW 4 Street, Suite 300	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Sunrise, FL 33325	
TITLE VPD	BRAVERMAN, FELIX <input type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13790 N.W. 4 ST.	2.2 NAME Felix Braverman	
STREET ADDRESS	SUNRISE FL	2.3 STREET ADDRESS 13798 NW 4 Street, Suite 300	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Sunrise, FL 33325	
TITLE STD	FERNANDEZ, JOSE <input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	550 BILTMORE WAY, STE. 1110	3.2 NAME Donn Ozkilkis	
STREET ADDRESS	CORAL GABLES FL	3.3 STREET ADDRESS 13798 NW 4 Street, Suite 300	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Sunrise, FL 33325	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: Donn Ozkilkis Date: 07/14/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)