

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000742**

1. Entity Name

THE MANSIONS AT FOREST LAKES HOMEOWNERS' ASSOCIA

Principal Place of Business

**10332 SW 164TH CT.
MIAMI FL 33196**

Mailing Address

**% COURTESY PROPERTY MANAGEMENT, INC.
13250 SW 135TH AVE.
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0741512

Applied For

Not Applicable

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

**SKRLD, INC.
201 ALHAMBRA CIRCLE, #1102
CORAL GABLES FL 33134**

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.

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	PD	<input type="checkbox"/> Delete
NAME	ALONSO, NIURKA	
STREET ADDRESS	10332 SW 164TH COURT	
CITY-ST-ZIP	MIAMI FL 33196	

TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alonso, Niurka	
STREET ADDRESS	10332 SW 164th Court	
CITY-ST-ZIP	Miami, FL 33196	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCLURE, KEITH	
STREET ADDRESS	16503 SW 103 TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McClure, Keith	
STREET ADDRESS	16503 SW 103 Terrace	
CITY-ST-ZIP	Miami, FL 33196	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MARZOUCA, GARY	
STREET ADDRESS	10070 SW 166TH COURT	
CITY-ST-ZIP	MIAMI FL 33196	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	INIQUEZ, ED	
STREET ADDRESS	10356 SW 165TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalez, Claudia	
STREET ADDRESS	10356 SW 165 Avenue	
CITY-ST-ZIP	Miami, FL 33196	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marshall, William	
STREET ADDRESS	16406 SW 101 Terrace	
CITY-ST-ZIP	Miami, FL 33196	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)