


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90012 021 ****70.00

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




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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01062005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
SKRLD, INC.
 201 ALHAMBRA CIRCLE, #1102
 CORAL GABLES, FL 33134

4. FEI Number
 65-0741512

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LA PAZ, RICARDO 10341 SW 164 CT MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLURE, KEITH 16503 SW 103 TERRACE MIAMI, FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALO, ALONSO 10332 SW 164 CT MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSQUE, NELSON 16469 SW 100 TERR MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LITTMAN, ALBERTA 16625 SW 101 TERRACE MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Spencer, David 16522 SW 103 LANE MIAMI, FL 33196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRBS KEITH R MCCLURE 16503 SW 103 TERRACE MIA. FL. 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gonzalez Claudia 10356 SW 165 AVENUE MIAMI, FL 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Nieves, Wilson 16555 SW 101 Terrace MIAMI, FL 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, JEAN 10351 SW 165 COURT MIAMI, FL 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Claudia Gonzalez CLAUDIA GONZALEZ 3/15/2005 (786) 2101060

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