


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90016 020 \*\*\*\*70.00

**DOCUMENT # N96000000742**

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 - No P.O. Box #  
 Suite, Apt. #, etc.


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

City & State

City & State

Zip Country

40056031



03082007 Chg-NP CR2E037 (12/06)

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

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	VPD SPENCER, DAVID <input checked="" type="checkbox"/> Delete 16522 SW 103 LANE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLURE, KEITH <input type="checkbox"/> Delete 16503 SW 103 TERRACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, CLAUDIA <input type="checkbox"/> Delete 10356 SW 165 AVENUE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, NIEVES <input type="checkbox"/> Delete 16555 SW 101 TERRACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROOS, JEAN <input type="checkbox"/> Delete 10351 SW 165 COURT MIAMI, FL 33196
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	P FIGUEROA, ROLANDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10063 SW 164 PL MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, JEAN <input checked="" 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 exemptions contained in Chapter 119, 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: Shirley Garcia, Treasurer Date: 3/23/2007 Daytime Phone #: 786 210 1060