2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000742

FILED Mar 10, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

10332 SW 164TH CT. C\O COURTESY PROPERTY MGMT MIAMI, FL 33196

13250 SW 135 AVENUE MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

% COURTESTY PROPERTY MANAGEMENT, INC. CIO COURTESY PROPERTY MGMT

13250 SW 135TH AVE. 13250 SW 135 AVENUE MIAMI, FL 33186 MIAMI, FL 33186

FEI Number: 65-0741512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FIGUEROA, ROLANDO FIGUEROA, ROLANDO MR Name: Name: Address:

10063 SW 164 PL Address: 10063 SW 164 PLACE City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33196 US

Title: () Delete Title: (X) Change () Addition MCCLURE, KEITH Name: MCCLURE, KEITH MR Name:

Address: 16503 SW 103 TERRACE Address: 16503 SW 103 TERRACE City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 US

Title: () Delete Title: SD (X) Change () Addition GONZALEZ, CLAUDIA LITTMAN, ALBERTA MS Name: Name:

10356 SW 165 AVENUE 16625 SW 101 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 US

Title: () Delete Title: (X) Change () Addition

WILSON, NIEVES Name: Name: WILSON, NIEVES MR Address: 16555 SW 101 TERRACE Address: 16555 SW 101 TERRACE City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 US

Title: (X) Delete Title: () Change () Addition

LITTLEMAN, ALBERTA Name: Name: 16625 SW 101 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH MCCLURE PD 03/10/2009