

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000742

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC2006193445**

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

**Current Principal Place of Business:**

C/O COURTESY PROPERTY MGMT  
13250 SW 135 AVENUE  
MIAMI, FL 33186

**Current Mailing Address:**

C/O COURTESY PROPERTY MGMT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US

**FEI Number: 65-0741512**

**Certificate of Status Desired: Yes**

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

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MCCLURE, KEITH MR  
Address CO COURTESY PROPERTY MGMT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

Title VPT  
Name LITTMAN, ALBERTA MS  
Address CO COURTESY PROPERTY MGMT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

Title TD  
Name FIGUEROA, ROLANDO MR  
Address CO COURTESY PROPERTY MGMT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

Title D  
Name LONG, THELMA MS  
Address CO COURTESY PROPERTY MGMT  
13250 SW 135 AVENUE  
City-State-Zip: MIAMI FL 33186

*I hereby 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 all other like empowered.*

**SIGNATURE: KEITH MCCLURE**

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date