## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N03000005763**

FOREST LAKE TOWNHOMES HOMEOWNER'S



ASSOCIATION, INC. Principal Place of Business Mailing Address 40016216 3696N FEDERAL HWY STE 203 3696N FEDERAL HWY STE 203 FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 Chg-NP CR2E037 (10/03) 4. FEI Number 01-0805374 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S Street Address (P.O. Box Number is Not Acceptable) 317 71 STREET MIAMI BEACH, FL 33141 City 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 (NOTE: Flogistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARKOFSKY, STANLEY NAME NAME 3696 N FEDERAL HWY STE 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33308 CITY-ST-ZIP ☐ Detete ПDЕ ☐ Chance ☐ Addition ACKERMAN, MARK D NAME 7331 OFFICE PARK PLACE B-A STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VIERA, FL 32940 CITY-ST-ZIP Markofsky Jarrod Change MAddition 3696 N. Federal Hwy. Ste 203 Ft. Lauderdale, FL. 33308 TILE STID X Delete MARKOFSKY, MATTHEW NAME NAME 3696 N FEDERAL HWY STE 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33308 Defete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-ZIP ☐ Chance Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier ental report is true and accurate and that revisional 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 w

SIGNATURE: \_

FILED

Feb 11, 2005 8:00 am

**Secretary of State** 

02-11-2005 90024 034 \*\*\*\*61.25