

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15175

FILED
Apr 19, 2009
Secretary of State

Entity Name: FOREST LAKE WATERFRONT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5569 SW 113TH AVE
COOPER CITY, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

5569 SW 113TH AVE
COOPER CITY, FL 33330 US

New Mailing Address:

FEI Number: 59-2532471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUGER, LYDIA
5569 SW 113TH AVE
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEECHER, ED
Address: 5522 SW 114TH AVE.
City-St-Zip: COOPER CITY, FL

Title: T () Delete
Name: KRUGER, LYDIA
Address: 5569 SW 113 AVE
City-St-Zip: COOPER CITY, FL 33330

Title: S () Delete
Name: BIBLIOWICZ, VIVIANA
Address: 5604 SW 114TH AVE
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: PUBILLONES, EMMANUEL
Address: 11345 SW 58 ST
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: FLORES, JANET
Address: 5694 SW 114 AVE
City-St-Zip: COOPER CITY, FL 33330

Title: V () Delete
Name: SALADRIGAS, WILLIAM
Address: 11320 SW 55 ST
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LYDIA KRUGER

TRES

04/19/2009

Electronic Signature of Signing Officer or Director

Date