

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15176 (3)
1. Corporation Name
FOREST LAKE TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
9600 SHERIDAN ST., #146 PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/30/1986** 3a. Date of Last Report **04/28/1994**
4. FEI Number **65-0181582** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **% Condo Accounting** 26
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENHILL, RICHARD
% CONDO ACCOUNTING
9000 SHERIDAN ST., SUITE 148
PEMBROKE PINES FL 33024**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DR	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADSON, VIRGINIA I	1.2 NAME	Ignasiak, Martha
STREET ADDRESS	11277 S.W. 58 PLACE	1.3 STREET ADDRESS	5851 SW 112 way
CITY - ST - ZIP	COOPER CITY FL	1.4 CITY - ST - ZIP	Cooper City, FL 33026
TITLE	DV	2.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIS, ANDREW ANDREW	2.2 NAME	PARIS, Andrew
STREET ADDRESS	11250 SW 59 COURT	2.3 STREET ADDRESS	11250 SW 59 ct.
CITY - ST - ZIP	COOPER CITY FL	2.4 CITY - ST - ZIP	Cooper City, FL 33026
TITLE	DT	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARIS, JOANN	3.2 NAME	Goldberg, Adele
STREET ADDRESS	11250 SW 59 COURT	3.3 STREET ADDRESS	5945 SW 112 WAY
CITY - ST - ZIP	COOPER CITY FL	3.4 CITY - ST - ZIP	Cooper City, FL 33026
TITLE	DS	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANISCALO, LILLIAN	4.2 NAME	Szwec, Stephen
STREET ADDRESS	5932 SW 112 TERRACE	4.3 STREET ADDRESS	5701 SW 112 Terrace
CITY - ST - ZIP	COOPER CITY FL	4.4 CITY - ST - ZIP	Cooper City, FL 33026
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, VICTOR	5.2 NAME	Zweig, Josephine
STREET ADDRESS	5802 SW 112 WAY	5.3 STREET ADDRESS	5811 SW 112 WAY
CITY - ST - ZIP	COOPER CITY FL	5.4 CITY - ST - ZIP	Cooper City, FL 33026
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, MS. MARIAN	6.2 NAME	Kilienfeld, Michael
STREET ADDRESS	5803 SW 112 TERRACE	6.3 STREET ADDRESS	5806 SW 112 WAY
CITY - ST - ZIP	COOPER CITY FL	6.4 CITY - ST - ZIP	Cooper City, FL 33026

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Andrew Paris 4/11/95 (305) 437 9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #