

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: %9000 SHERIDAN ST., #146 PEMBROKE PINES FL 33024
Mailing Address: %9000 SHERIDAN ST., #146 PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: **05/30/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0181582**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**GREENHILL, RICHARD
% CONDO ACCOUNTING
9000 SHERIDAN ST., SUITE 146
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	IGNASIAK, MARTHA
STREET ADDRESS	5851 SW 112TH WAY
CITY-ST-ZIP	COOPER CITY FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	PARIS, ANDREW
STREET ADDRESS	11250 SW 59 COURT
CITY-ST-ZIP	COOPER CITY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, ADELE
STREET ADDRESS	5945 SW 112TH WAY
CITY-ST-ZIP	COOPER CITY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SZWEC, STEPHEN
STREET ADDRESS	5701 SW 112TH TERRACE
CITY-ST-ZIP	COOPER CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ZWEIG, JOSEPHINE
STREET ADDRESS	5811 SW 112TH WAY
CITY-ST-ZIP	COOPER CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LILIENFELD, MICHAEL
STREET ADDRESS	5806 SW 112TH WAY
CITY-ST-ZIP	COOPER CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>T/D Joann Paris</i>
3.3 STREET ADDRESS	<i>11250 SW 59 Court</i>
3.4 CITY-ST-ZIP	<i>Cooper City, FL</i>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>SP Lillian Maniscalco</i>
4.3 STREET ADDRESS	<i>5932 SW 112 TR</i>
4.4 CITY-ST-ZIP	<i>Cooper City, FL 33330</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: *Andrew Paris * Andrew E. Paris* 2-9-96 (954) 437-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)