

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
%9000 SHERIDAN ST., #146 PEMBROKE PINES FL 33024
%9000 SHERIDAN ST., #146 PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified 05/30/1986
3a. Date of Last Report 02/19/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	65-0181582	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	Zip	Country	30
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREENHILL, RICHARD % CONDO ACCOUNTING 9000 SHERIDAN ST., SUITE 146 PEMBROKE PINES FL 33024				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IGNASIAK, MARTHA	1.2 NAME	D Bernard DeVole
STREET ADDRESS	5851 SW 112TH WAY	1.3 STREET ADDRESS	33330
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	11257 SW 58th Cooper City, FL
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIS, ANDREW	2.2 NAME	D Victor Rodriguez
STREET ADDRESS	11250 SW 59 COURT	2.3 STREET ADDRESS	5802 SW 112 Way
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	Cooper City, FL 33309 73330
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIS, JOANN	3.2 NAME	D Marian Anderson
STREET ADDRESS	11250 SW 59 COURT	3.3 STREET ADDRESS	5803 112 TR
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	Cooper City, FL 33330
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANISCALCO, LILLIAN	4.2 NAME	
STREET ADDRESS	5832 SW 112 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWEIG, JOSEPHINE	5.2 NAME	
STREET ADDRESS	5811 SW 112TH WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILIENFELD, MICHAEL	6.2 NAME	
STREET ADDRESS	5808 SW 112TH WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* (PRESIDENT) 1-14-97 954 437-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0076068

CR2E037 (9/96)