## **FILE NOW: FILING FEE IS \$61.25**

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

5806 SW 112TH WAY

**COOPER CITY FL** 

## **FILED** Feb 18 1998 8:00am NONPROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthad Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **POCUMENT** # N15176 (3)FOREST LAKE TOWNHOMES OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address %9000 SHERIDAN ST., #146 %9000 SHERIDAN ST., #146 3. Date Incorporated or Qualified PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 05/30/1986 4. FEI Number Applied For 65-0181582 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 City & State City & State Is this nonprofit corporation a homeowners association? 23 Yes No 28 Country Zip Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 🔲 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** CONDO ACCOUNTING Street Address (P.O. Box Number is Not Acceptable) -ORDENHILL, RICHARD 82 % CONDO ACCOUNTING 83 9000 SHERIDAN ST., SUITE 146 PEMBROKE PINES FL 33024 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 Startiges. SIGNATURE CONDO ACCOUNTING INC 12. 13. OFFICERS AND DIRECTORS Change 1.1 TITLE \* Addition TITLE ЬD BERNARD DEVOIE 1.2 NAME NAME CRZE037 Andrew 11257 SW 58ST 1.3 STREET ADDRESS STREET ADORESS **COOPER CITY FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 21 TITLE VICTOR RODRIGUEZ 22 NAME STREET ADDRESS 5802 SW 112 WAY 2.3 STREET ADDRESS COOPER CITY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE TITLE 3.1 TITLE Joann NAME MARIAN ANDERSON 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 5803 112 TERRACE CITY-ST-ZIP COOPER CITY FL 3.4. CITY-ST-ZIP DELETE 41 TITLE TITLE MANISCALCO, LILLIAN 4. 2 NAME NAME **5932 SW 112 TERRACE** STREET ADDRESS 4.3 STREET ADDRESS **COOPER CITY FL** CITY - ST - ZIP 4.4 CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE NAME ZWEIG, JOSEPHINE 5.2 NAME 5811 SW 112TH WAY 5.3 STREET ADDRESS STREET ADDRESS COOPER CITY FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE LILIENFELD, MICHAEL 62 NAME NAME

6.3 STREET ANDRESS

6.4 CITY - ST- ZIP

14. Thereby 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 suppliemental 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