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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15176

1. Corporation Name

FOREST LAKE TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business

% J & L PROPERTY MANAGEMENT, INC.  
10191 WEST SAMPLE ROAD, SUITE 203  
CORAL SPRINGS FL 33065

Mailing Address

% J & L PROPERTY MANAGEMENT, INC.  
10191 WEST SAMPLE ROAD, SUITE 203  
CORAL SPRINGS FL 33065



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/30/1986

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0181582

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

CONDO ACCOUNTING INC  
% CONDO ACCOUNTING  
9000 SHERIDAN ST., SUITE 146  
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name James Calderazzo  
82 Street Address (P.O. Box Number is Not Acceptable)  
% J & L Property Mgmt Inc.  
10191 W. Sample Rd. Suite 203  
83  
84 City Coral Springs FL 85 Zip Code 33065

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

*James Calderazzo*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/1/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME BERNARD DEVOIE  
STREET ADDRESS 11257 SW 58ST  
CITY-ST-ZIP COOPER CITY FL

1.1 TITLE  Change  Addition  
1.2 NAME PD ANDREW PARIS  
1.3 STREET ADDRESS 11250 S.W. 59 CT.  
1.4 CITY-ST-ZIP COOPER CITY, FL. 33330

TITLE D  DELETE  
NAME VICTOR RODRIGUEZ  
STREET ADDRESS 5802 SW 112 WAY  
CITY-ST-ZIP COOPER CITY FL

2.1 TITLE  Change  Addition  
2.2 NAME TD JOANN PARIS  
2.3 STREET ADDRESS 11250 S.W. 59 CT.  
2.4 CITY-ST-ZIP COOPER CITY, FL. 33330

TITLE D  DELETE  
NAME MARIAN ANDERSON  
STREET ADDRESS 5803 112 TERRACE  
CITY-ST-ZIP COOPER CITY FL

3.1 TITLE  Change  Addition  
3.2 NAME VPD MARTHA IGNASIAK  
3.3 STREET ADDRESS 5815 S.W. 112 WAY  
3.4 CITY-ST-ZIP COOPER CITY, FL. 33330

TITLE SD  DELETE  
NAME MANISCALCO, LILLIAN  
STREET ADDRESS 5932 SW 112 TERRACE  
CITY-ST-ZIP COOPER CITY FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ZWEIG, JOSEPHINE  
STREET ADDRESS 5811 SW 112TH WAY  
CITY-ST-ZIP COOPER CITY FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME LIJENFELD, MICHAEL  
STREET ADDRESS 5806 SW 112TH WAY  
CITY-ST-ZIP COOPER CITY FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*Andrew Paris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

954-434-6881  
Daytime Phone #

CR2E037 (1/98)