

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90010 036 ****61.25

DOCUMENT # N15176

1. Entity Name

FOREST LAKE TOWNHOMES OWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% J & L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE ROAD, SUITE 203 CORAL SPRINGS FL 33065	% J & L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE ROAD, SUITE 203 CORAL SPRINGS FL 33065-3960

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0181582	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6- Name and Address of Current Registered Agent

CALDERAZZO, JAMES
C/O J & L PROPERTY MGMT INC.
10191 W SAMPLA RD SUITE 203
CORAL SPRINGS FL 33065

7- Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARIS, ANDREW	
STREET ADDRESS	11250 SW 59 CT	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARIS, JOANN	
STREET ADDRESS	11250 SW 59 CT	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IGNASIAK, MARTHA	
STREET ADDRESS	5815 SW 112 WAY	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MANISCALCO, LILLIAN	
STREET ADDRESS	5932 SW 112 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ASIDE SIGNATURE REQUIRED Paris* 1/12/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)