

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90107 011 \*\*\*\*61.25

**DOCUMENT # N15176**

1. Entity Name

**FOREST LAKE TOWNHOMES OWNERS ASSOCIATION, INC.**

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

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

**65-0181582**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE - NAME: **PD PARIS, ANDREW**  Delete  
 STREET ADDRESS: **11250 SW 59 CT**  
 CITY-ST-ZIP: **COOPER CITY FL 33330**

TITLE NAME: \_\_\_\_\_  Change  Addition  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE - NAME: **TD PARIS, JOANN**  Delete  
 STREET ADDRESS: **11250 SW 59 CT**  
 CITY-ST-ZIP: **COOPER CITY FL 33330**

TITLE NAME: \_\_\_\_\_  Change  Addition  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE - NAME: **VD IGNASIAK, MARTHA**  Delete  
 STREET ADDRESS: **5815 SW 112 WAY**  
 CITY-ST-ZIP: **COOPER CITY FL 33330**

TITLE NAME: \_\_\_\_\_  Change  Addition  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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

TITLE NAME: \_\_\_\_\_  Change  Addition  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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

TITLE NAME: \_\_\_\_\_  Change  Addition  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE - NAME: **D LILIENFELD, MICHAEL**  Delete  
 STREET ADDRESS: **5806 SW 112TH WAY**  
 CITY-ST-ZIP: **COOPER CITY FL**

TITLE NAME: \_\_\_\_\_  Change  Addition  
 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: *Andrew Paris* **REQUIRED** *President 1/25/02*

CR2E037 (9/01)