


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|----------------------|---|---|---|--|
| DOCUMENT # N15176 | | | |  | |
| 1. Entity 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 | | 3. Mailing Address | | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0181582 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 1st MOORE CR2E037 (10/04) | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARIS, ANDREW | | NAME | U00000222659 | |
| STREET ADDRESS | 11250 SW 59 CT | | STREET ADDRESS | 02/10/05-80010-011 61.25 | |
| CITY-ST-ZIP | COOPER CITY FL 33330 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARIS, JOANN | | NAME | | |
| STREET ADDRESS | 11250 SW 59 CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | COOPER CITY FL 33330 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MANISCALCO, LILLIAN | | NAME | | |
| STREET ADDRESS | 5932 SW 112 TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | COOPER CITY FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ZWEIG, JOSEPHINE | | NAME | | |
| STREET ADDRESS | 5811 SW 112TH WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | COOPER CITY FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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)(f), 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 P. Paris* **ANDREW F. PARIS** *2/4/05* *954-434-6881*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #