2006 NOT-FOR-FROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N15176

1. Entity Name

FOREST LAKE TOWNHOMES OWNERS ASSOCIATION,

if changed, or on an attachment with an address, with all other like empowered.



FILED

Feb 22, 2006 8:00 am

Secretary of State

02-22-2006 90010 034 ****61.25

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. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0181582 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALDERAZZO, JAMES Street Address (P.O. Box Number is Not Acceptable) C/O J & L PROPERTY MGMT INC. 10191 W SAMPLA RD SUITE 203 CORAL SPRINGS FL 33065 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1: 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE vθ ☐ Change Addition PARIS, ANDREW Raysa undrade NAME NAME 11250 SW 59 CT STREET ADDRESS STREET ADDRESS COOPER CITY FL 33330 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Change TITLE □ Defete TITLE ☐ Addition PARIS, JOANN vore Bernar NAME NAME 11250 SW 59 CT STREET ADDRESS STREET ADDRESS 11257 5.N 58 COOPER CITY FL 33330 CITY-ST-ZIP CITY-ST-716 Delete TITLE ____ Change___ _ Addition TITLE MANISCALCO, LILLIAN casaccio Jiscol NAME NAME STREET ADDRESS 5932 SW 112 TERRACE STREET ADDRESS 5942 5 W 112 COOPER CITY FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ZWEIG, JOSEPHINE NAME NAME STREET ADDRESS 5811 SW 112TH WAY STREET ADDRESS CITY-ST-ZIP COOPER CITY FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE catel Kuren NAME NAME 11284 SW 5944 CF STREET ADDRESS STREET ADDRESS F1 33330 COOper City CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE me Hugh Michael NAME NAME STREET ADDRESS STREET ADDRESS 11205 SW541 CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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