


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90350 037 \*\*\*\*61.25

**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**



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0181582**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

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	

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 E. Paris* **ORIGINAL SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/10/03 954.7537966**

CR2E037 (10/02)