


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90162 005 ****61.25

DOCUMENT # N94000000792		
1. Entity Name THE HOMES AT FOREST LAKE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 4780 N STATE ROAD 7, STE E250 LAUDERDALE LAKES, FL 33319 US	Mailing Address 4780 N STATE ROAD 7, STE E250 LAUDERDALE LAKES, FL 33319 US
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2. Principal Place of Business - No P.O. Box # 4800 N State Rd 7	3. Mailing Address 4800 N State Road 7
Suite, Apt. #, etc. Ste F-105	Suite, Apt. #, etc. Ste F-105

City & State	City & State
Zip	Country
Zip	Country

03132007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0468197	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES, INC 4780 N STATE ROAD 7, STE E250 4800 N State Road 7 LAUDERDALE LAKES, FL 33319 Ste F-105	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

GNATURE *[Signature]* ^{VP}, **Linda L Rogers, Linda Rogers, President, 4-11-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGHES, DOROTHY 5957 SW 112 LN COOPER CITY, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, LINDA 11227 SW 59 STREET COOPER CITY, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JIMENO, WILLIAM 5957 SW 112 AVE COOPER CITY, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSO, JOSEPH 5988 SW 112TH DR COOPER CITY, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Roy (S) <input type="checkbox"/> Delete 5956 SW 112th Lane Cooper City, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PATRICIA Roy 5956 SW 112th Lane Cooper City, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* ^{VP}, **Linda L Rogers, Linda Rogers, President, 4-11-07, 954-434-6027**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date