

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000792

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE HOMES AT FOREST LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4800 N. STATE RD 7
STE F-105
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4800 N. STATE RD 7
STE F-105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 65-0468197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES, INC
4800 N. STATE ROAD 7
STE F-105
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HUGHES, DOROTHY
Address: 5957 SW 112 LN
City-St-Zip: COOPER CITY, FL 33330

Title: PD () Delete
Name: ROGERS, LINDA
Address: 11227 SW 59 STREET
City-St-Zip: COOPER CITY, FL 33330

Title: T () Delete
Name: JIMENO, WILLIAM
Address: 5957 SW 112 AVE
City-St-Zip: COOPER CITY, FL 33330

Title: DS () Delete
Name: ROY, PATRICIA
Address: 5956 SW 112TH LANE
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: PETRONE, MICHAEL
Address: 5974 SW 112TH LANE
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA ROGERS

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date