## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 31 1997 8:00am

Secretary of State

3a. Date of Last Report

Daytime Phone #

3. Date Incorporated or Qualified

## Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

## 1997 DOCUMENT # N 1. Corporation Name

Principal Place of Business

appears in Block 12%

730 NW 107 AVENUE

SUITE 316 MIAMI FL 33172 N94000004163 (1)

B250

US

Mailing Address
9380 SUNSET DR

MIAMI FL 33173-3276

LENNAR HOMES AT FOREST LAKES HOMEOWNERS ASSOCIATION, INC.

City & State  28  City & State  28  Country  Zip  Country  Zip  Country  Zip  Country  Signature  Signature  Watsky, Morris  Watsky, Morris  MiAMI FL 33172  Watsky, Morris  MiAMI FL 30172  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Signature  ROBERT PAIGE  ROBERT PAIGE  Signature  ROBERT PAIGE  Signature  ROBERT PAIGE  Coral Gables FL  FL  Signature  Coral Gables  Signature  Cor						08/24/1994	03/26/19	96	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	— '	Place of Business	<b>├</b> ─	Mailing Address			<del> </del>		
22   27   27   28   29   30   5. Certificate of Status Desired   2. Status Desired Des						03 037 103			
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Zip   Country   Zip   Country   Zip   Country   Zip   Country   Sip   Sirver   Sir	City & State City & State				6.	Election Campaign Financing	\$5.00	May Re	
24	23 28					Trust Fund Contribution			
WATSKY, MORRIS J 700 NW 107 AVENUE MIAMI FL 33172  WATSKY, MORRIS J 700 NW 107 AVENUE MIAMI FL 33172  B1 Name and Address of New Registered Agent  ROBERT PAIGE ROBERT PAIGE  SUITE 30 9A  ACITY CORAL GABLES FL  CORAL GABLES FL  CORAL GABLES FL  CORAL GABLES FL  B1 Name B2 Street Address (P.O. Box Number is Not Acceptable)  21 51 LEJEUNIE RD  B3 SUITE 30 9A  B4 City CORAL GABLES FL  B5 ZIP Code 3 31 34  City CORAL GABLES FL  FL  B5 ZIP Code 3 31 34  CITY SI SIP SIP SIP SIP SIP SIP SIP SIP SIP	Zip	Country	1-m-n		8.	This corporation has liability for Ir	ntangible tax under s	. 199.032,	
WATSKY, MORRIS J 700 NW 107 AVENUE MIAMI FL 33172  81 SUITE 309A  82 Street Address (P.O. Box Number is Not Acceptable) 2151 LEJEUNE RD.  83 SUITE 309A  84 City CORAL GABLES FL FL 85 Zip Code 3 3 3132  (11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register of the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register of the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register of the appointment as register agent 1 arm/anijus in, and accept the appointment as register agent 1 arm/anijus in, and accept the appointment as register agent 1 arm/anijus in, and accept the appointment as register agent 1 arm/anijus in, and accept the appointment as register agent agent and too if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  12. NAME  STREET ADDRESS  GIV. ST. 2IP  ITILE  VD  DELETE  1. TITLE  Change  Ad  Change  Ad  Change  Ad  Change  Ad  Change  Ad  ACITY-ST-ZIP  ITILE  DELETE  3. TITLE  Change  Ad  Change  Change  Ad  Change  Ad  Change  Ad  Change  Ad  Change  Ad  Cha	24			30					
WAISKT, MORRIS J 700 NW 107 AVENUE MIAMI FL 33172  82 Street Address (P.O. Box Number is Not Acceptable) 21 51 LEJEUNE RD.  83 SUITE 309A  84 City CORAL GABLES FL FL 85 Zip Code 33134  City Code 33134  1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I arry ampliant, and acceptable obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature, and or printed analytic pobligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature, and or printed analytic pobligations of, Section 617.0503, Florida Statutes.  FO I CORAL GABLES FL CORAL GABLES F									
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City CORAL GABLES FL FL 85 Zip Code 33 1 3 4 City CORAL GABLES FL FL 85 Zip Code 33 1 3 4 City CORAL GABLES FL FL CORAL GABLES	MALII EL 22172								
CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of core or registered appert, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I arry familiar in, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIG					E 30	<u> </u>	es Zio	Code	
Office or registered appear, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I arry an illiar and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, pried or printed namy registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  STD  OFFICERS AND DIRECTORS  1.1 TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  MIAMI FL  OChange  Ad  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  OChange  Ad  Change  Ad  Cha	CÔRAI				L GA	BLES FL	<b>F1</b>     33	134	
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14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath I am an officer or director of the corporation or the receiver or thistee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name	14. I do heret informatio	bby certify that the information supplie on indicated on this annual report or so	d with this filing does not qualify supplemental annual report is tri	y for the exemption sta ue and accurate and to pred to execute this re-	ated in Se that my si	ection 119.07(3)(i), Florida Statutes gnature shall have the same legal acquired by Chapter 817. Florida Statutes	s. I further certify that leffect as if made un	the der oath; that	

with an address.