


FILED
Mar 10, 1999 8:00 am
Secretary of State

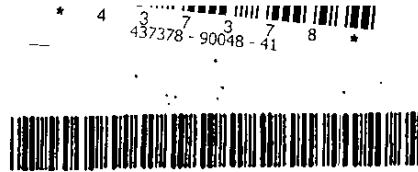
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 <p>NONPROFIT CORPORATION ANNUAL REPORT 1999</p>	<p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # N94000004163

1. Corporation Name
LENNAR HOMES AT FOREST LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5100 SUNSET DR SUITE B250 MIAMI FL 33173 US	9380 SUNSET DR B250 MIAMI FL 33173 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 13250 SW 135 AVE Suite, Apt. #, etc.	26 13250 SW 135 AVE Suite, Apt. #, etc.	08/24/1994
22 City & State	27 City & State	4. FEI Number
23 MIAMI FL	28 MIAMI FL	65-0574135
24 33186	29 33186	5. Certificate of Status Desired
25 DADE	30 DADE	5x \$8.75 Additional Fee Required
B. Name and Address of Current Registered Agent		6. Election Campaign Financing
PAIGE ROBERT 2151 LEJEUNE RD 309 A CORAL GABLES FL 33134		Trust Fund Contribution \$5.00 May Be Added to Fees
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)
B3		B4 City
B5 Zip Code		

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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SUMMONS, SUSAN	1.1 TITLE	D
STREET ADDRESS	9093 SW 187 PL	1.2 NAME	
CITY-ST-ZIP	MIAMI FL 33193	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	VP ISIDRON, GASTON	2.1 TITLE	D
STREET ADDRESS	9173 SW 187 CT	2.2 NAME	
CITY-ST-ZIP	MIAMI FL 33193	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	DELETED	3.1 TITLE	
NAME	BROOKS, ERIC	3.2 NAME	
STREET ADDRESS	16887 SW 90 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	3.4 CITY-ST-ZIP	
	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D
TITLE	SO STUART, VICTORIA	4.2 NAME	
STREET ADDRESS	9234 SW 166 PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	
TITLE	D GONZALEZ, BILL	5.2 NAME	
STREET ADDRESS	16774 SW 90 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2-25-99** **805/237-2328**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/86)