

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90037 032 ****70.00

DOCUMENT # N94000004163

1. Entity Name

LENNAR HOMES AT FOREST LAKES HOMEOWNERS ASSOCIAT

Principal Place of Business

Mailing Address

13250 SW 135 AVE
 MIAMI FL 33186
 US

13250 SW 135 AVE
 MIAMI FL 33186-6489
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0574135

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAIGE, ROBERT
2151 LEJEUNE RD
309 A
CORAL GABLES FL 33134

Name
SKRLD, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Cir., Ste 1102
 City
Coral Gables FL Zip Code
33134

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.

SIGNATURE SKRLD, Inc. by Lisa Lerner

, Secretary

1/13/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUMMONS, SUSAN	
STREET ADDRESS	9093 SW 167 PL	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ISIDRON, GASTON	
STREET ADDRESS	9173 SW 167 CT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STUART, VICTORIA	
STREET ADDRESS	9234 SW 168 PL	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, BILL	
STREET ADDRESS	16774 SW 90 ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Hickman	
STREET ADDRESS	9253 SW 167 Place	
CITY-ST-ZIP	Miami, Florida 33193	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 1/28/00 305-403-5286

Date

Daytime Phone #

CR2E037 (9/99)