

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90135 042 ****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
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRLD, INC.
 201 ALHAMBRA CIR
 STE 1102
 CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 NAME	PD SUMMONS, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9093 SW 167 PL	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE NAME	VPD ISIDRON, GASTON	<input type="checkbox"/> Delete
STREET ADDRESS	9173 SW 167 CT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE NAME	SD STUART, VICTORIA	<input type="checkbox"/> Delete
STREET ADDRESS	9234 SW 168 PL	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE NAME	D GONZALEZ, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	16774 SW 90 ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE NAME	D HICKMAN, BRIAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9253 SW 167 PLACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 517, 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:

Susan Summons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Payah Treas.
 Date

(305) 254-3888
 Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE