


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004163
 1. Entity Name
LENNAR HOMES AT FOREST LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 13250 SW 135 AVE MIAMI, FL 33186 US	Mailing Address 13250 SW 135 AVE MIAMI, FL 33186 US
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02132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0574135	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SKRLD, INC.
 201 ALHAMBRA CIR
 STE 1102
 CORAL GABLES, FL 33134

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISIDRON, GASTON 9173 SW 167 CT MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, BILL 16774 SW 90 ST. MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMERZ, VIRGINIA 9039 SW 167 PL. MIAMI, FL 33198
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000455325
 03/16/06 00025-004 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **2/21/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #