

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 AM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005500 (3)**

1. Corporation Name

**FOREST LAKES MASTER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**9900 S DADELAND BLVD. 1410  
MIAMI FL 33156**

**9900 S DADELAND BLVD-1410  
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

N/A

4. FEI Number

Applied For  
 Not Applicable

2. Principal Place of Business

21 **999 PONCE DE LEON BLVD**

2a. Mailing Address

26 **999 PONCE DE LEON BLVD**

Suite, Apt. #, etc

22 **SUITE 1000**

Suite, Apt. #, etc

27 **SUITE 1000**

City & State

23 **CORAL GABLES, FLORIDA**

City & State

28 **CORAL GABLES, FLORIDA**

24 **33134**

25 **USA**

29 **33134**

30 **USA**

Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for franchise tax under s. 199.11(2),  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRELLES, ALBETO N  
9900 S DADELAND BLVD, 1410  
MIAMI FL 33156**

**999 PONCE DE LEON BLVD  
SUITE 1000 CORAL GABLES  
FLORIDA, 33134**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **GONZALEZ, ANTONIO**  
STREET ADDRESS **16831 SW 89 TER**  
CITY ST ZIP **MIAMI FL 33196**

11 TITLE  Change  Addition  
12 NAME **P**  
13 STREET ADDRESS  
14 CITY ST ZIP

TITLE **D**  
NAME **COTO, DERIS**  
STREET ADDRESS **16831 SW 89 TER**  
CITY ST ZIP **MIAMI FL 33196**

21 TITLE  Change  Addition  
22 NAME **S/T**  
23 STREET ADDRESS  
24 CITY ST ZIP

TITLE **D**  
NAME **LAZO, LUCY**  
STREET ADDRESS **16831 SW 89 TER**  
CITY ST ZIP **MIAMI FL 33196**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

14. I do hereby certify that the information furnished on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 applicable, with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DATE

TYPE IN FEES

*[Handwritten Signature]*  
Sincerely,  
[Name]

4/13/95 (205) 445-4668

**POWER OF ATTORNEY  
KNOW ALL MEN BY THESE PRESENTS**



That I, Antonio Gonzalez, as President for FOREST LAKES MASTER ASSOCIATION INC. have made, constituted and appointed, and by these presents does make, constitute and appoint ALBERTO N. TRELLES true and lawful attorney for them and in their name, place and stead:

TO EXECUTE ANY AND ALL DOCUMENTS REQUIRED IN ORDER TO COMPLY WITH THE CORPORATION ANNUAL REPORT.

giving and granting unto ALBERTO N. TRELLES said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that ALBERTO N. TRELLES said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, We have hereunto set our hands and seals the day of \_\_\_\_\_, 1995.

Sealed and delivered in the presence of

  
\_\_\_\_\_)  
  
\_\_\_\_\_)

  
\_\_\_\_\_  
By:

State of Florida  
County of Dade

Be It Known, That on the 3 day of April, 1995, before me, <sup>Stina Marie Ramirez</sup> a NOTARY PUBLIC in and for the State of Florida duly commissioned and sworn, dwelling in the City of Miami, County of Dade, personally came and appeared Antonio Gonzalez as President of <sup>Forest Lakes</sup> Master Assoc. Inc. to me personally known, and known to me to be the same persons described in and who executed the within power of attorney, and acknowledged the within power of attorney to be the act and deed.

In Testimony Whereof, I have hereunto subscribed my name and affixed my seal of office the day and year last above written