

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000005500 (3)**

1. Corporation Name

FOREST LAKES MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

999 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES FL 33134

999 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES FL 33134

3. Date Incorporated or Qualified 11/07/1994	3a. Date of Last Report 05/01/1995
4. FEI Number APPLIED FOR / 65-0592668	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRELLES, ALBETO N
999 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES FL 33134

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ANTONIO	1.2 NAME	
STREET ADDRESS	16631 SW 89 TER	1.3 STREET ADDRESS	16631 SW 90ST
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTO, DERIS	2.2 NAME	SECRETARY / TREASURER
STREET ADDRESS	16631 SW 89 TER	2.3 STREET ADDRESS	GEORVANNY ORTIZ
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP	16631 SW 90ST
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZO, LUCY	3.2 NAME	
STREET ADDRESS	16631 SW 89 TER	3.3 STREET ADDRESS	16631 SW 90ST
CITY-ST-ZIP	MIAMI FL 33196	3.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	800001783038
STREET ADDRESS		5.3 STREET ADDRESS	-04/17/96--01008--002
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE: *Alberto N. Trelles* **ALBERTO N. TRELLES** 4/2/96 445-4668
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ATTORNEY-IN-FACT** Date Daytime Phone #

CR2E037 (12/95)