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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000005500

1. Corporation Name
FOREST LAKES MASTER ASSOCIATION, INC.

Principal Place of Business
 782 NW 42 AVE.
 SUITE 630
 MIAMI FL 33126

Mailing Address
 782 NW 42 AVE.
 SUITE 630
 MIAMI FL 33126



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21 6574 North State Rd	26 6574 N. State Road Seven	11/07/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 #253	27 #253	65-0592668
City & State	City & State	Applied For
23 Coconut Creek, FL	28 Coconut Creek, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24 33073-3625	29 33073-3625	30 Country
25	30	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
GREENHILL, RICHARD		\$5.00 May Be Added to Fees
6574 NORTH STATE ROAD SEVEN #253		10. Name and Address of New Registered Agent
COCONUT CREEK FL 33073-3625		

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST ORTIZ, GEOVANNY	1.1 TITLE	DP Richard Greenhill <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	782 NW 42 AVE, S-630	1.2 NAME	6574 N. State Road Seven
STREET ADDRESS	MIAMI FL 33126	1.3 STREET ADDRESS	#253
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Coconut Creek, FL 33073
TITLE	DP RAMIREZ, GINA	2.1 TITLE	DTS Carolyn Lipman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	782 NW 42 AVE, S-630	2.2 NAME	6574 N. State Road Seven
STREET ADDRESS	MIAMI FL 33126	2.3 STREET ADDRESS	#253
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coconut Creek, FL 33073
TITLE	D COTO, JOSE	3.1 TITLE	
NAME	782 NW 42 AVE, S-630	3.2 NAME	
STREET ADDRESS	MIAMI FL 33126	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard Greenhill 1-21-98 954-340-0633

CR2E037 (1/198)