

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005500

1. Entity Name

FOREST LAKES MASTER ASSOCIATION, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90005 038 ****61.25

Principal Place of Business 6574 N STATE RD 7 #253 COCONUT CREEK FL 33073-3625	Mailing Address 6574 N STATE RD 7 #253 COCONUT CREEK FL 33073-3625
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0592668	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENHILL, RICHARD
 6574 NORTH STATE ROAD SEVEN #253
 COCONUT CREEK FL 33073-3625

7. Name and Address of New Registered Agent

Name: *Richard Greenhill*
 Street Address (P.O. Box Number is Not Acceptable): *7745 NW 63 WAY*
 City: *Parkland FL FL 33087*

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the state of Florida.

SIGNATURE: *Richard Greenhill* (Signature) *Richard Greenhill* (Registered Agent Signature) *4-24-00* (DATE)

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

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ORTIZ, GEOVANNY 782 NW 42 AVE, S-630 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMIREZ, GINA 782 NW 42 AVE, S-630 MIAMI FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTO, JOSE 782 NW 42 AVE, S-630 MIAMI FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENHILL, RICHARD 6574 N STATE RD 7 COCONUT CREEK FL 33073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS LIPMAN, CAROLYN 6574 N STATE RD 7 COCONUT CREEK FL 33073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Richard Greenhill* *Richard Greenhill* *4-25-00* *954 340-0033*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)