



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N94000005500 1. Entity Name FOREST LAKES MASTER ASSOCIATION, INC. |  |
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| Principal Place of Business C/O COURTESY PROPERTY MANAGEMENT, INC. 13250 SW 135 AVENUE MIAMI, FL 33186 | Mailing Address C/O COURTESY PROPERTY MANAGEMENT, INC. 13250 SW 135 AVENUE MIAMI, FL 33186 |
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**SKRLD, INC.
 201 ALHAMBRA CIRCLE, #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) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HERNANDEZ, RICARDO 9145 SW 166TH AVE MIAMI, FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAZZIO, LOUIS 16352 SW 95 LANE MIAMI, FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ISIDRON, GASTON 9173 SW 167 CT MIAMI, FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCCLURE, KEITH 16503 SW 103 TERRACE MIAMI, FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTSON, JILL R 16523 SW 97 STREET MIAMI, FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HIRANAND, RAM 10036 SW 162 PATH MIAMI, FL 33196 |

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 04/10/07-80055-009 70.00

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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: *Ricardo Hernandez* VP RICARDO HERNANDEZ 3/29/07 305-388-3498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #