


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90115 025 ****70.00

| | | | | | |
|--|----------------------|--|---|--|--|
| DOCUMENT # N94000005500 | | | |  | |
| 1. Entity Name FOREST LAKES MASTER ASSOCIATION, INC. | | | | | |
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0592668 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SKRLD, INC. 201 ALHAMBRA CIRCLE, #1102 CORAL GABLES, FL 33134 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | VPO | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HERNANDEZ, RICARDO | | NAME | TOOKER, DENNIS | |
| STREET ADDRESS | 9145 SW 166TH AVE | | STREET ADDRESS | 16254 SW 103ST. | |
| CITY-ST-ZIP | MIAMI, FL 33196 | | CITY-ST-ZIP | MIAMI FL 33196 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | FD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAZZIO, LOUIS | | NAME | | |
| STREET ADDRESS | 16352 SW 95 LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33196 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ISIDRON, GASTON | | NAME | | |
| STREET ADDRESS | 9173 SW 167 CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33196 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCLURE, KEITH | | NAME | | |
| STREET ADDRESS | 16503 SW 103 TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33196 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | VPO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTSON, JILL R | | NAME | | |
| STREET ADDRESS | 16523 SW 97 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33196 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIRANAND, RAM | | NAME | | |
| STREET ADDRESS | 10036 SW 162 PATH | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33196 | | CITY-ST-ZIP | | |
| 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: <u>Dennis Tooker</u> | | | Date: <u>4/10/08</u> Daytime Phone #: <u>305-255-8689</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |



04032008 Chg-NP CR2E037 (12/06)