

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005500

FILED
Apr 08, 2011
Secretary of State

Entity Name: FOREST LAKES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O COURTESY PROPERTY MANAGEMENT, INC.
13250 SW 135 AVENUE
MIAMI, FL 33186 US

New Principal Place of Business:

LAND CAP PROPERTY SERVICES INC
13800 SW 144 AVE RD
MIAMI, FL Q US

Current Mailing Address:

C/O COURTESY PROPERTY MANAGEMENT, INC.
13250 SW 135 AVENUE
MIAMI, FL 33186 US

New Mailing Address:

LAND CAP PROPERTY SERVICES INC
13800 SW 144 AVE RD
MIAMI, FL Q US

FEI Number: 65-0592668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE, #1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LAND CAP PROPERTY SERVICES INC
13800 SW 144 AVE RD
MIAMI, FL 33186 US

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.

SIGNATURE: LAND CAP PROPERTY SERVICES INC
Electronic Signature of Registered Agent

04/08/2011
Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TOOKER, DENNIS MR
Address: 16254 SW 103 ST
City-St-Zip: MIAMI, FL 33196 US

Title: TD
Name: MAZZIO, LOUIS MR
Address: 16352 SW 95 LANE
City-St-Zip: MIAMI, FL 33196 US

Title: D
Name: ISIDRON, GASTON MR
Address: 9173 SW 167 CT
City-St-Zip: MIAMI, FL 33196 US

Title: D
Name: MCCLURE, KEITH MR
Address: 16503 SW 103 TERRACE
City-St-Zip: MIAMI, FL 33196 US

Title: VPD
Name: RANDOLPH, JILL R MS
Address: 16523 SW 97 STREET
City-St-Zip: MIAMI, FL 33196 US

Title: SD
Name: PABON, ISMAEL MR
Address: 9137 SW 162 PLACE
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS EARL TOOKER
Electronic Signature of Signing Officer or Director

PD

04/08/2011
Date