

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90055 005 ****70.00

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1. Entity Name
**SHOMA HOMES AT FOREST LAKE HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**13250 SW 135 AVENUE
MIAMI, FL 33186 US**

Mailing Address

**13250 SW 135 AVENUE
MIAMI, FL 33186 US**

DO NOT WRITE IN THIS SPACE



03132008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0663376

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SEIGLIE, LOURDES
9501 SW 163 CT
MIAMI, FL 33196**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
STALEY, KEVIN
16354 SW 94 ST
MIAMI, FL 33196**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAZZIO, LOUIS
16352 SW 95 LN
MIAMI, FL 33196**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Louis J Mazzio
Louis J Mazzio

04/01/08

Date

305.546.3186

Daytime Phone #