2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003936

FILED Mar 11, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

13250 SW 135 AVENUE CIO COURTESY PROPERTY MANAGEMENT MIAMI, FL 33186 US

13250 SW 135 AVENUE MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

CIO COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVENUE

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

FEI Number: 65-0663376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Title:

Title:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

TS

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

VPD (X) Change () Addition () Delete SEIGLIE, LOURDES SEIGLIE, LOURDES MR Name: Name: 9501 SW 163 CT Address: 9501 SW 163 COURT Address:

MIAMI, FL 33196 US City-St-Zip: MIAMI, FL 33196 City-St-Zip:

Name: STALEY, KEVIN Name: STALEY, KEVIN MR Address: 16354 SW 94 ST Address: 16354 SW 94 STREET City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 US

Title: PD () Delete Title: PD (X) Change () Addition

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOUIS MAZZIO PD 03/11/2009