


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90016 020 ****70.00

DOCUMENT # N96000000742					
1. Entity Name THE MANSIONS AT FOREST LAKES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 10332 SW 164TH CT. MIAMI, FL 33196			Mailing Address % COURTESY PROPERTY MANAGEMENT, INC. 13250 SW 135TH AVE. 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			
Zip	Country	Zip	Country	4. FEI Number 65-0741512	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD SPENCER, DAVID 16522 SW 103 LANE MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. FIGUEROA, ROLANDO 10063 SW 164 PL MIAMI FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLURE, KEITH 16503 SW 103 TERRACE MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, CLAUDIA 10356 SW 165 AVENUE MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, NIEVES 16555 SW 101 TERRACE MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROOS, JEAN 10351 SW 165 COURT MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, JEAN Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: <i>Shirley G. Garcia</i> / Treasurer			Date: 3/23/2007		
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR			Daytime Phone #		