

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90009 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"/>				Applied For Not Applicable	
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				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)					
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					
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input type="checkbox"/> Delete FIGUERDA, ROLANDO 10063 SW 164 PL MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P <input type="checkbox"/> Delete MCCLURE, KEITH 16503 SW 103 TERRACE MIAMI, FL 33196				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD <input type="checkbox"/> Delete GONZALEZ, CLAUDIA 10356 SW 165 AVENUE MIAMI, FL 33196				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input type="checkbox"/> Delete WILSON, NIEVES 16555 SW 101 TERRACE MIAMI, FL 33196				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD <input checked="" type="checkbox"/> Delete ROSS, JEAN 10351 SW 165 COURT MIAMI, FL 33196				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST- ZIP	FIGUEROA, ROLANDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alberta Littman 16625 SW 101 Terrace Miami, FL 33196				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/24/08 Daytime Phone #: (305) 253-9898					