

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001150 (9)

THE LANDINGS AT FOREST LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
550 BILTMORE WAY SUITE 1110 CORAL GABLES FL 33134		550 BILTMORE WAY SUITE 1110 CORAL GABLES FL 33134	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24	25	29	30
Zip	Country	Zip	Country

3. Date incorporated or Qualified  
02/28/1996

4. FEI Number  
NOT APPLICABLE

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

FERNANDEZ, JOSE  
550 BILTMORE WAY  
SUITE 1110  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name David Griffin

82 Street Address (P.O. Box Number is Not Acceptable)  
13798 NW 4 Street, Suite 300

83

84 City Sunrise FL 85 Zip Code 33325

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David Griffin* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAVERMAN, FELIX	
STREET ADDRESS	550 BILTMORE WAY, STE. 1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, JOSE	
STREET ADDRESS	550 BILTMORE WAY, STE. 1110	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GRIFFIN, DAVID	
STREET ADDRESS	550 BILTMORE WAY, STE. 1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Braverman, Felix	
1.3 STREET ADDRESS	13798 NW 4 Street, Suite 300	
1.4 CITY-ST-ZIP	Sunrise, FL 33325	
2.1 TITLE	Secretary Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dossat, Francine	
2.3 STREET ADDRESS	13798 NW 4 Street, Suite 300	
2.4 CITY-ST-ZIP	Sunrise, FL 33325	
3.1 TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Griffin, David	
3.3 STREET ADDRESS	13798 NW 4 Street, Suite 300	
3.4 CITY-ST-ZIP	Sunrise, FL 33325	
4.1 TITLE	Treasurer Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ozkilkis, Donn	
4.3 STREET ADDRESS	13798 NW 4 Street, Suite 300	
4.4 CITY-ST-ZIP	Sunrise, FL 33325	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Griffin* David Griffin January 29, 1998 954-846-0188

CR2E037 (10/97)