


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90260 033 ****70.00

DOCUMENT # N96000001150

1. Entity Name
THE LANDINGS AT FOREST LAKES HOMEOWNERS' ASSOCIATION, INC.




Principal Place of Business
**13250 SW 135 AVENUE
 MIAMI, FL 33186**

Mailing Address
**13250 SW 135 AVENUE
 MIAMI, FL 33186**

54036167

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0849005

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF PA
 5201 BLUE LAGOON DRIVE
 100
 MIAMI, FL 33126**

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 _____
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, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AL-JAROUDI, STEVE			NAME	FUENTES, RICHARD		
STREET ADDRESS	16236 SW 100TH TERRACE			STREET ADDRESS	16297 SW 99 TERRACE		
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP	MIAMI, FL 33196		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SUAREZ, BRAULIO			NAME	SOLIS, JAVIER		
STREET ADDRESS	9962 SW 162 COURT			STREET ADDRESS	10025 SW 162 PATH		
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP	MIAMI, FL 33196		
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RAMOS, ARTURO			NAME	VARGAS, HECTOR		
STREET ADDRESS	10073 SW 163 COURT			STREET ADDRESS	16249 SW 99 TERRACE		
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP	MIAMI, FL 33196		
TITLE		<input type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	HIRANAND, RAM		
STREET ADDRESS				STREET ADDRESS	10036 SW 162 PATH		
CITY-ST-ZIP				CITY-ST-ZIP	MIAMI, FL 33196		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	ARGUELLES, PEDRO		
STREET ADDRESS				STREET ADDRESS	16255 SW 99 TERRACE		
CITY-ST-ZIP				CITY-ST-ZIP	MIAMI, FL 33196		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 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:  **4/14/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #