


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90063 017 \*\*\*\*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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0849005	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF PA 5201 BLUE LAGOON DRIVE 100 MIAMI, FL 33126			Name <del>SKRLD, INC.</del> Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle 11 <sup>TH</sup> Floor, Suite 1102 City Coral Gables FL Zip Code 33134		
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. SKRLD, INC. SIGNATURE <input checked="" type="checkbox"/> Lisa Lerner, Secretary <i>Lisa Lerner</i> 3/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FUENTES, RICHARD	NAME			
STREET ADDRESS	16297 SW 99 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLIS, JAVIER	NAME			
STREET ADDRESS	10025 SW 162 PATH	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VARGAS, HECTOR	NAME			
STREET ADDRESS	16249 SW 99 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIRANAND, RAM	NAME			
STREET ADDRESS	10036 SW 162 PATH	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARGUELLES, PEDRO	NAME			
STREET ADDRESS	16255 SW 99 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	P. Har, Bryan	NAME			
STREET ADDRESS	10053 SW 163 CT	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196	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: <i>Lisa Lerner</i>		Date: 2-23-05		Daytime Phone #: 3052183345	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					