


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



02132006 No Chg-NP CR2E037 (11/05)

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

**SKRLD, INC  
 201 ALHAMBRA CIRCLE, 44TH FLR, STE 1102  
 CORAL GABLES, FL 33434**

**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUENTES, RICHARD 16297 SW 99 TERRACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLIS, JAVIER 10025 SW 162 PATH MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VARGAS, HECTOR 16249 SW 99 TERRACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIRANAND, RAM 10036 SW 162 PATH MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, BRYAN 10053 SW 163 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000454607  
 03/15/06 80022-011 70.00

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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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_