


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 06, 2007 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



03122007 No Chg-NP CR2E037 (4/06)

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|--|---------------------------------------|
| 4. FEI Number 65-0849005 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

U00000694512
 04/17/07-80023-004 70.00

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 | |

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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]* _____ **3/23/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #