

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001150

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

13250 SW 135 AVENUE
MIAMI, FL 33186

New Principal Place of Business:

15315 NW 60 AVE
F
MIAMI LAKES, FL 33014

Current Mailing Address:

13250 SW 135 AVENUE
MIAMI, FL 33186

New Mailing Address:

15315 NW 60 AVE
F
MIAMI LAKES, FL 33014

FEI Number: 65-0849005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FABREGAS, JOSE CAM
15315 NW 60 AVE
F
MIAMI LAKES, FL 33014 US

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.

SIGNATURE: JOSE FABREGAS

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FUENTES, RICHARD
Address: 16297 SW 99 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: SOLIS, JAVIER
Address: 10025 SW 162 PATH
City-St-Zip: MIAMI, FL 33196

Title: VPD () Delete
Name: VARGAS, HECTOR
Address: 16249 SW 99 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: SD () Delete
Name: HIRANAND, RAM
Address: 10036 SW 162 PATH
City-St-Zip: MIAMI, FL 33196

Title: TD () Delete
Name: MILLER, BRYAN
Address: 10053 SW 163 CT
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD FUENTES

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date