

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002559

FILED
Mar 17, 2009
Secretary of State

Entity Name: TESORO AT FOREST LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13800 SW 144 AVE RD
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13800 SW 144 AVE RD
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0672023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUITS, STEPHEN
13800 SW 144 AVE RD
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALDONADO, MIGUEL
Address: 9751 SW 163 AVE
City-St-Zip: MIAMI, FL 33196

Title: TD () Delete
Name: CHADE, SERGIO
Address: 9660 SW 164TH AVENUE
City-St-Zip: MIAMI, FL 33196

Title: VD () Delete
Name: RANDOLPH, JILL
Address: 16523 SW 97 ST
City-St-Zip: MIAMI, FL 33196

Title: SD () Delete
Name: ZAMORA, ANTONIO
Address: 9650 SW 164 AVE
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: VPD (X) Change () Addition
Name: RANDOLPH, JILL
Address: 16523 SW 97 ST
City-St-Zip: MIAMI, FL 33196

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: MIGUEL MALDONADO

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date