

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005035

FILED  
Jan 15, 2010  
Secretary of State

**Entity Name:** LENNAR AT FOREST LAKES TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

16TH SW 103RD ST.  
MIAMI, FL 33196

**New Principal Place of Business:**

18001 OLD CUTLER ROAD  
SUITE 476  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

18001 OLD CUTLER ROAD  
STE 521  
PALMETTO BAY, FL 33157

**New Mailing Address:**

18001 OLD CUTLER ROAD  
SUITE 476  
PALMETTO BAY, FL 33157

**FEI Number:** 65-0753254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUGH, DAVID  
1900 N. COMMERCE PKWY  
WESTON, FL 33326 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: P  
Name: CASTRO, ROBERT  
Address: 16342 SW 103 ST  
City-St-Zip: MIAMI, FL 33196

Title: DT  
Name: TOOKER, DENNIS  
Address: 16254 SW 103RD STREET  
City-St-Zip: MIAMI, FL 33196

Title: S  
Name: DIAZ, WILFREDO  
Address: 16272 SW 102 TERRACE  
City-St-Zip: MIAMI, FL 33196

Title: VP  
Name: ZUOZO, LISA  
Address: 10166 SW 162ND CT  
City-St-Zip: MIAMI, FL 33196

I hereby 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 all other like empowered.

SIGNATURE: ROBERT CASTRO

P

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date