

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 708039 (3)

1. Corporation Name

FOREST LAKES COUNTRY CLUB ESTATES CONDOMINIUM APARTMENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5550 BEE RIDGE RD.
SUITE E-3
SARASOTA FL 34233

5550 BEE RIDGE RD.
SUITE E-3
SARASOTA FL 34233

3. Date Incorporated or Qualified

11/02/1964

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6180553

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANAGEMENT CONCEPTS OF SARASOTA COUNTY INC
5550 BEE RIDGE RD.
SUITE E-3
SARASOTA FL 34233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMANGONE, NORMA	
STREET ADDRESS	2505 BENEVA RD #6	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ALLEN, VIOLA	
STREET ADDRESS	2507 BENEVA RD #1	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIELSON, BRAD	
STREET ADDRESS	2507 BENEVA RD #1	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHEPARD, KENNETH	
STREET ADDRESS	2507 BENEVA RD #7	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMOLLAR, JOE	
STREET ADDRESS	2505 BENEVA RD. #7	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, ANNETTE	
STREET ADDRESS	2501 BENEVA ROAD #4	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Viola M. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 941-921-4989
Date Daytime Phone #

CR2E037 (12/95)

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FOREST LAKES COUNTRY CLUB ESTATES CONDOMINIUM ASSOCIATION, INC.

DOCUMENT # 708039

ADDITION

Title: P
Name: Riddle, Duncan
Address: 2501 Beneva Road #8
City-ST-Zip: Sarasota, FL 34232