

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 5550 BEE RIDGE RD. SUITE E-3 SARASOTA FL 34233	Mailing Address 5550 BEE RIDGE RD. SUITE E-3 SARASOTA FL 34233
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3. Date Incorporated or Qualified
11/02/1964

4. FEI Number
59-6180553

Applied For	Not Applicable
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

01. Name	
02. Street Address (P.O. Box Number is Not Acceptable)	
03. City	
04. City	FL
05. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	STD
NAME	RIDDLE, DUNCAN	1.2 NAME	
STREET ADDRESS	2501 BENEVA ROAD 8	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	D
NAME	ALLEN, VIOLA	2.2 NAME	BAHNFLETH, MARGARET
STREET ADDRESS	2503 BENEVA ROAD 1	2.3 STREET ADDRESS	2507 BENEVA ROAD #5
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D	3.1 TITLE	VD
NAME	NIELSEN, BRAD	3.2 NAME	
STREET ADDRESS	2507 BENEVA RD #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	PD
NAME	SHEPARD, KENNETH	4.2 NAME	
STREET ADDRESS	2507 BENEVA RD #7	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SMOLLAR, JOE	5.2 NAME	
STREET ADDRESS	2505 BENEVA RD. #7	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CHAUTIN, JULIE	6.2 NAME	
STREET ADDRESS	2505 BENEVA ROAD 5	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **REQUIRED**

CFR2037 (10/97)