

FILE NOW: FILING FEE IS \$61.25

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Jan 15 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 # 724517 (8)
 1. Corporation Name
THE FOREST CLUB, INC.



Principal Place of Business 400 N FOREST BLVD LAKE MARY FL 32746	Mailing Address 400 N FOREST BLVD LAKE MARY FL 32746
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3. Date Incorporated or Qualified 10/09/1972
4. FEI Number 59-1805640
Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

COOK, ALBERT R
5250 S U S HIGHWAY 17-92
CASSELBERRY FL 32718-0895

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAUCK, JOHN A	
STREET ADDRESS	719 GREENTREE CT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PRATT, THOMAS	
STREET ADDRESS	602 TIMBERLANE DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, FRANK	
STREET ADDRESS	128 E. PLANTATION BLVD.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	AIKEN, THOMAS E	
STREET ADDRESS	222 PEPPERTREE CT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MARGARET	
STREET ADDRESS	510 BLACK FOREST COURT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAGERT, ALBERT	
STREET ADDRESS	534 HICKORY COURT	
CITY-ST-ZIP	LAKE MARY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Snyder, James	
1.3 STREET ADDRESS	214 Pampas Grass Court, West	
1.4 CITY-ST-ZIP	Lake Mary, Florida 32746	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pratt, Thomas	
2.3 STREET ADDRESS	602 Timberlane Drive	
2.4 CITY-ST-ZIP	Lake Mary, Fla. 32746	
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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Herman, Larry D.	
4.3 STREET ADDRESS	238 Peppertree Court	
4.4 CITY-ST-ZIP	Lake Mary, Florida 32746	
5.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dynak, Stanley	
5.3 STREET ADDRESS	313 N. Forest Blvd.	
5.4 CITY-ST-ZIP	Lake Mary, Florida 32746	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ewing, Gordon	
6.3 STREET ADDRESS	504 Timberlane Court	
6.4 CITY-ST-ZIP	Lake Mary, Florida 32746	

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] President 1/5/98 (40) 330-5227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

Additional Director & Officers

D
Nottke, Charles W.
224 Peppertree Court
Lake Mary, Florida 32746