


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90084 026 \*\*\*\*61.25

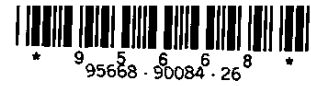
0013925

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 724517**

1. Corporation Name  
**THE FOREST CLUB, INC.**

Principal Place of Business <b>400 N FOREST BLVD LAKE MARY FL 32746</b>	Mailing Address <b>400 N FOREST BLVD LAKE MARY FL 32746</b>
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>10/09/1972</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-1805640</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>COOK, ALBERT R</b> <b>5250 S U S HIGHWAY 17-92</b> <b>CASSELBERRY FL 32718-0895</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD SHYDER, JAMES 214 PAMPAS GRASS COURT W LAKE MARY FL 32746	1.1 TITLE	PD Chapin, Roger 773 Pond View Court Lake Mary, FL. 32746
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD PRATT, THOMAS 602 TIMBERLANE DRIVE LAKE MARY FL 32746	2.1 TITLE	D Pratt, Thomas 602 Timberlane Drive Lake Mary, FL. 32746
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HUGHES, FRANK 128 E. PLANTATION BLVD. LAKE MARY FL	3.1 TITLE	SD Sagert, Albert 534 Hickory Court Lake Mary, FL. 32746
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD HERMAN, LARRY D 238 PEPPERTREE COURT LAKE MARY FL 32746	4.1 TITLE	D Herman, Larry D. 238 Peppertree Court Lake Mary, FL. 32746
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD DYNAK, STANLEY 313 N. FOREST BLVD LAKE MARY FL 32746	5.1 TITLE	VPD Snyder, James 214 Pampas Grass Court, W. Lake Mary, FL. 32746
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D EWING, GORDON 504 TIMBERLANE COURT LAKE MARY FL 32746	6.1 TITLE	D Nottke, Charles 224 Peppertree Court Lake Mary, FL. 32746
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *James Snyder* **JAMES S. SNYDER** 1/7/99 (407) 323-1280  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)