

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 725371 (9)**  
1. Corporation Name  
**FOREST LAKES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1058 FOREST LAKES DRIVE  
NAPLES FL 33942**

Mailing Address  
**1058 FOREST LAKES DRIVE  
NAPLES FL 33942**

3. Date Incorporated or Qualified  
**01/26/1973**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1487933</b>		Applied For Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

## 9. Name and Address of Current Registered Agent

**LANGGUTH, ROBERT E  
1057 FOREST LAKES DRIVE  
NAPLES FL 33942**

## 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

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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TESKE, ELNATHAN</b>	1.2 NAME	<b>Rooney, Joseph</b>
STREET ADDRESS	<b>1009 FOREST LAKES DRIVE</b>	1.3 STREET ADDRESS	<b>1069 Forest Lakes Drive</b>
CITY-ST-ZIP	<b>NAPLES, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Naples FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Klyczek, Donald J.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLYCZEK, DONALD J.</b>	2.2 NAME	<b>1022 Forest Lakes Drive</b>
STREET ADDRESS	<b>1022 FOREST LAKES DRIVE</b>	2.3 STREET ADDRESS	<b>Naples FL</b>
CITY-ST-ZIP	<b>NAPLES, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CENEDELLA, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>1057 FOREST LAKES DRIVE #205</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARAMY, JOAN</b>	4.2 NAME	
STREET ADDRESS	<b>1083 FOREST LAKES DRIVE 101</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOTTER, CARL</b>	5.2 NAME	<b>Davis, Robert</b>
STREET ADDRESS	<b>1071 FOREST LAKES DRIVE</b>	5.3 STREET ADDRESS	<b>1085 Forest Lakes Drive 207</b>
CITY-ST-ZIP	<b>NAPLES, FL 00000</b>	5.4 CITY-ST-ZIP	<b>Naples FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>CADMAN, DORIS</b>	6.2 NAME	
STREET ADDRESS	<b>1056 FOREST LAKES DR. A102</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	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, changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

Date

941-261-5497

Daytime Phone #

CR2E037 (12/95)