

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 725371 (9)

1. Corporation Name

FOREST LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1058 FOREST LAKES DRIVE
NAPLES FL 33942

1058 FOREST LAKES DRIVE
NAPLES FL 34105-2228

3. Date Incorporated or Qualified
01/26/1973

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1487933

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 34105

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGGUTH, ROBERT E
1057 FOREST LAKES DRIVE
NAPLES FL 33942

81 Name

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

83

84 City

FL

85 Zip Code
34105

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	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROONEY, JOSEPH	
STREET ADDRESS	1069 FOREST LAKE DRIVE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KLYCZEK, DONALD J.	
STREET ADDRESS	1022 FOREST LAKES DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CENEDELLA, RICHARD	
STREET ADDRESS	1057 FOREST LAKES DRIVE #205	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LARAMY, JOAN	
STREET ADDRESS	1083 FOREST LAKES DRIVE 101	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT	
STREET ADDRESS	1085 FOREST LAKES DRIVE DRIVE 207	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CADMAN, DORIS	
STREET ADDRESS	1056 FOREST LAKES DR. A102	
CITY-ST-ZIP	NAPLES FL	

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LOWES, HAROLD	
1.3 STREET ADDRESS	1046 FOREST LAKES DRIVE	
1.4 CITY-ST-ZIP	NAPLES, FL 34105	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LARAMY, JOAN	
4.3 STREET ADDRESS	1083 FOREST LAKES DRIVE 101	
4.4 CITY-ST-ZIP	NAPLES FL 34105	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CADMAN, DORIS	
6.3 STREET ADDRESS	1056 FOREST LAKES DRIVE A102	
6.4 CITY-ST-ZIP	NAPLES FL 34105	

14. I do 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

941-261-5497

Daytime Phone # 0058441

CR2E037 (9/96)