

FILE NOW: FILING FEE IS \$61.25

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**May 11 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 # 725371 (9)

1. Corporation Name
FOREST LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1058 FOREST LAKES DRIVE NAPLES FL 34105 US	Mailing Address 1058 FOREST LAKES DRIVE NAPLES FL 33942
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3. Date Incorporated or Qualified 01/26/1973	
4. FEI Number 59-1487933	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LANGGUTH, ROBERT E
1057 FOREST LAKES DRIVE
NAPLES FL 34105**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	PD	<input type="checkbox"/> DELETE
NAME	LOWES, HAROLD	
STREET ADDRESS	1048 FOREST LAKES DR.	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	T	<input checked="" 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	S	<input type="checkbox"/> DELETE
NAME	LARAMY, JOAN	
STREET ADDRESS	1083 FOREST LAKES DRIVE 101	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ROBERT	
STREET ADDRESS	1085 FOREST LAKES DRIVE DRIVE 207	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CADMAN, DORIS	
STREET ADDRESS	1056 FOREST LAKES DR. A102	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JONES, ROBERT H.
2.3 STREET ADDRESS	1002 FOREST LAKES DRIVE
2.4 CITY-ST-ZIP	NAPLES FL 34105
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAWYER, ROGER
5.3 STREET ADDRESS	1020 FOREST LAKES DRIVE
5.4 CITY-ST-ZIP	NAPLES FL 34105
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: _____ DATE: **4/29/98** **941-261-5497**

CR2E037 (10/97)