

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90234 031 ****61.25

0063725

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725371

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 1058 Forest Lakes Drive

01/26/1973

22 City & State

27 Suite, Apt. #, etc.

4. FEI Number
 59-1487933

Applied For
 Not Applicable

23 Zip

Country

28 City & State

Naples, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 34105

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 34105

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 PD DELETE
 NAME LOWES, HAROLD
 STREET ADDRESS 1046 FOREST LAKES DR.
 CITY-ST-ZIP NAPLES, FL 00000

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME JONES, ROBERT H
 STREET ADDRESS 1022 FOREST LAKES DRIVE
 CITY-ST-ZIP NAPLES FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME CENEDELLA, RICHARD
 STREET ADDRESS 1057 FOREST LAKES DRIVE #205
 CITY-ST-ZIP NAPLES FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE S DELETE
 NAME LARAMY, JOAN
 STREET ADDRESS 1083 FOREST LAKES DRIVE 101
 CITY-ST-ZIP NAPLES, FL 00000

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME SAWYER, ROGER
 STREET ADDRESS 1020 FOREST LAKES DRIVE
 CITY-ST-ZIP NAPLES FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME CADMAN, DORIS
 STREET ADDRESS 1056 FOREST LAKES DR. A102
 CITY-ST-ZIP NAPLES FL

6.1 TITLE Change Addition
 6.2 NAME DOCKRELL, THOMAS
 6.3 STREET ADDRESS 1081 FOREST LAKES DRIVE
 6.4 CITY-ST-ZIP NAPLES, FL 34105

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: *Michael Cucina* 4/14/99 941-649 5462
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)