## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FORESTBROOK III ASSOCIATION, INC.

## **FILED** Apr 14 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address					
% WANEK PROP. MONT. 2155 NE COACHMAN RO. 3.3 765 — CLEARWATER FL 34665 US 2616		% WANEK PROP. MOMT. 2155 NE COACHMAN RD. 33765— CLEARWATER FL 24028 US 2616			4. FEI Number Applied For
2. Principal P	tace of Business	2a. Mailing Address		· · · · · ·	59-2005015   Not Applicable
21		26			5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27	Cit. 6 Cit.		Trust Fund Contribution
City & State	Ð	City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Counti	у	8. This corporation owes or has paid the current year intangible
24	26		30		Personal Property Tax due June 30. Yes No
<del>*</del>	9. Name and Address of Currer	ıt Registered Agent		1 11	10. Name and Address of New Registered Agent
			8	Name	
WANEK PROPERTY MANAGEMENT				Street /	Address (P.O. Box Number is Not Acceptable)
2155 N.E. COACHMAN RD.  CLEARWATER FL 34625					
CLCAN	WHICH TE 34020 3	3765-2616		1	
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the abo	ve-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 617.0503, Flo	vida Statut	96.	poration's board of directors. Thereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	4	F B - state 3 A		s required when reinstating) DATE
12.		D DIRECTORS	13.	Awit signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	- <del>00</del> - PD	DELETE	1.1 TITLE		Change Addition
NAME	GRAFF, JAN		1.2 NAME	:	
STREET ADDRESS	700 STARKEY RD #1222		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	LARGO FL		1.4 CITY	ST-ZIP	
TITLE	<del>PD-</del>	DELETE	2.1 TITLE		SD Change Addition
NAME	-FEASTER, GEORGE-		2.2 NAME		TOO STARKEY RD. # 1313
STREET ADDRESS	-700 STARKEY ROAD, #1324	<b>4</b>		ET ADDRESS	
CITY-ST-ZIP	TD TD	DELETE	2.4 CITY 3.1 TITLE		LARGO FC Change Addition
TITLE	CAMPBELL, KAREN	F-1 DETEN	3.2 NAME		
NAME STREET ADDRESS	700 STARKEY ROAD, #1212			ET ADDRESS	
CITY-ST-ZIP	LARGO FL		3.4. CITY	1	
TITLE	54.44.2	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	. —
STREET ADDRESS			4.3 STREE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	:	
STREET ADDRESS			5.3 STREE	ET ADDRESS	
CITY-ST-ZIP		11 57,575	5.4 CITY		
TITLE		☐ DELETE	6.1 TITLE		Change  Addition
NAME			6.2 NAME		
STREET ADDRESS			1	ET ADDRESS	
City-st-zip	certify that the information supplied w	vith this fiting does not qualify fo	6.4 CITY-	ption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this annual report or supplements	al annual report is true and acci	urate and t	hat my sig	gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 617, Florida Statutes; and that my name appears in