

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996

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



DOCUMENT # 758250 (5)
1. Corporation Name
FOREST LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **% HOLIDAY ISLES PROPERTY MGT. INC. N. 40347 US 19 N. ST. #113 TARPON SPRINGS FL 34689**

Mailing Address: **% HOLIDAY ISLES PROPERTY MGT. INC. N. 40347 US 19 N. ST. #113 TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified: **10/30/1981**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2266323**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business: 21, 22, 23, 24

2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:
**SPROWLS, JOSEPH D
C/O PREMIERE MANAGEMENT SERVICES
40347 US 19 N. STE. #113
TARPON SPRINGS FL 34689-4841**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILL, MARC	1.2 NAME	
STREET ADDRESS	707 SATINLEAF AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL 34677	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LETZ, DEBRA	2.2 NAME	BEN ROUSE
STREET ADDRESS	550 LONGWOOD CIRCLE	2.3 STREET ADDRESS	542 LONGWOOD CIRCLE
CITY - ST - ZIP	OLDSMAR FL 34677	2.4 CITY - ST - ZIP	OLDSMAR FL 34677
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, CHARLES	3.2 NAME	
STREET ADDRESS	421 LAKEVIEW DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENINCASA, JOHN	4.2 NAME	
STREET ADDRESS	125-D CAMPHOR CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL	4.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKEON, BRIAN	5.2 NAME	BRIAN S. MICHAELS
STREET ADDRESS	537 LAKEVIEW DR	5.3 STREET ADDRESS	425 CEDAR RIDGE CT.
CITY - ST - ZIP	OLDSMAR FL 34677	5.4 CITY - ST - ZIP	OLDSMAR FL 34677
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHUMENSKY, STEPHEN	6.2 NAME	
STREET ADDRESS	711 SATINLEAF AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL 34677	6.4 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DIRECTOR BEN ROUSE 542 LONGWOOD CIRCLE OLDSMAR FL 34677

DIRECTOR BRIAN S. MICHAELS 425 CEDAR RIDGE CT. OLDSMAR FL 34677

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 if changed, or on an attachment with an address.

SIGNATURE: Marc Brill Date: 6/10 Daytime Phone #: 934 3227

CR2E037 (3/96)