

**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 <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758250 (5)**  
 1. Corporation Name  
**FOREST LAKES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>% HOLIDAY ISLES PROPERTY MGT. INC. N. 40347 US 19 N. ST. #113 TARPON SPRINGS FL 34689</b>	Mailing Address <b>% HOLIDAY ISLES PROPERTY MGT. INC. N. 40347 US 19 N. ST. #113 TARPON SPRINGS FL 34689</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>10/30/1981</b> 3a. Date of Last Report <b>05/01/1995</b> 4. FEI Number <b>59-2266323</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>SPROWLS, JOSEPH D C/O PREMIERE MANAGEMENT SERVICES 40347 US 19 N. STE. #113 TARPON SPRINGS FL 34689-4841</b>	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
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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	P BRILL, MARC 707 SATINLEAF AVE OLDSMAR FL 34677	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LETZ, DEBRA 550 LONGWOOD CIRCLE OLDSMAR FL 34677	<input checked="" type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	TS WALL, CHARLES 421 LAKEVIEW DRIVE OLDSMAR FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	D BENINCASA, JOHN 125-D CAMPHOR CIRCLE OLDSMAR FL	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
	VD MCKEON, BRIAN 537 LAKEVIEW DR OLDSMAR FL 34677	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D ZAHUMENSKY, STEPHEN 711 SATINLEAF AVE OLDSMAR FL 34677	<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)