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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 06/20/1996

2. Principal Place of Business: 21 % COMMUNITY ACCT. & MGMT INC. 40347 US 19 N, S # 129 TARPON SPRINGS FL 34689

2a. Mailing Address: 27 % COMMUNITY ACCT. & MGMT INC. 40347 U.S. 19 N, S - 129 TARPON SPRINGS FL 34689

4. FEI Number: 59-2266323  
Applied For: Not Applicable

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

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

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

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: JANET K. SPOONSTER, 82 Street Address: C/O COMMUNITY ACCT. & MGMT, INC., 83 40347 U.S. 19 N, STE # 129, 84 City: TARPON SPRINGS, FL, 85 Zip Code: 34689

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: *Janet K. Spoonster* JANET K. SPOONSTER h.c.a.m. DATE: 1/7/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BRILL, MARC	
STREET ADDRESS	707 SATINLEAF AVE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEN ROUSE	
STREET ADDRESS	542 LONGWOOD CIR.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	WALL, CHARLES	
STREET ADDRESS	421 LAKEVIEW DRIVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENINCASA, JOHN	
STREET ADDRESS	125-D CAMPHOR CIRCLE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAELS, BRIAN S.	
STREET ADDRESS	425 CEDAR RIDGE CT.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAHUMENSKY, STEPHEN	
STREET ADDRESS	711 SATINLEAF AVE	
CITY-ST-ZIP	OLDSMAR FL 34677	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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: *Janet K. Spoonster* DATE: 2/20/97

CR2E037 (9/96)