


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

Principal Place of Business Mailing Address
c/o Rampart Properties, Inc. 10033 9th St. N. - 2nd Fl
St. Petersburg, FL 33716-3805

3. Date Incorporated or Qualified 10/30/81
4. FEI Number 59-2266323 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Rampart Properties, Inc. 26 10033 9th St. N. - 2nd Fl
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 St. Petersburg, FL 28
Zip Country Zip Country
24 33716-3805 25 US 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Community Account & Mgmt.
40347 US 19 N. S 129
Tarpon Springs, FL 34689

10. Name and Address of New Registered Agent
81 Name Rampart Properties, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 10033 9th St. N. - 2nd Fl
83
84 City St. Petersburg, FL 85 Zip Code 33716-3805

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]* Brian K. Smith, CEO DATE 2-25-98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	Brill, Marc	
STREET ADDRESS	707 Satinleaf Ave.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	Wall, Charles	
STREET ADDRESS	421 Lakeview Dr.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Rouse, Ben	
STREET ADDRESS	542 Longwood Cr.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Benincasa, John	
STREET ADDRESS	125 D Canchar Cr.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Michaels, Brian	
STREET ADDRESS	425 Cedar Ridge Ct.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Zahumensky, Stephen	
STREET ADDRESS	711 Satinleaf Dr.	
CITY-ST-ZIP	Oldsmar, FL 34677	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	P	-03/31/98--01011-006
12 NAME	Thomas, Charlie ***61.25	
13 STREET ADDRESS	10033 9th St.N. - 2nd FL	
14 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Michaels, Brian	
23 STREET ADDRESS	10033 9th St. N. - 2nd FL	
24 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
31 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	King, Lhn	
33 STREET ADDRESS	10033 9th St. N. - 2nd FL	
34 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Ryder, Joan	
43 STREET ADDRESS	10033 9th St. N. - 2nd FL	
44 CITY-ST-ZIP	St. Petersburg, FL 34677	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Wall, Charles	
53 STREET ADDRESS	10033 9th St. N. - 2nd FL	
54 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Bourdon, Don	
63 STREET ADDRESS	10033 9th St. N. - 2nd FL	
64 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, upon an Attachment with an address.

SIGNATURE: *[Signature]* Charlie Thomas 2/24/98

CR2E037 (10/97)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
71 TITLE	D		
72 NAME	Anne Atwood		
73 STREET ADDRESS	10033 9th St. N. - 2nd Fl		
74 CITY - ST - ZIP	St. Petersburg, FL 33716-3805		
81 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
82 NAME	Grady Burns		
83 STREET ADDRESS	10033 9th St. N. - 2nd Fl		
84 CITY - ST - ZIP	St. Petersburg, FL 33716-3805		
91 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
92 NAME	Jerry Walters		
93 STREET ADDRESS	10033 9th St. N. - 2nd Fl		
94 CITY - ST - ZIP	St. Petersburg, FL 33716-3805		
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

CR2E037 (10/97)