

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90044 038 \*\*\*\*61.25

0053748

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 758250**

1. Corporation Name  
**FOREST LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business C/O RAMPART PROPERTIES, INC. 10033 9TH ST. N.- 2ND FL ST. PETERSBURG FL 33716-3805 US	Mailing Address C/O RAMPART PROPERTIES, INC. 10033 9TH ST. N.- 2ND FL ST. PETERSBURG FL 33716-3805 US
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>10/30/1981</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2266323</b> Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>RAMPART PROPERTIES, INC.</b> <b>10033 9TH ST. N. - 2ND FL</b> <b>ST. PETERSBURG FL 33716-3805</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
---	---

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME THOMAS, CHARLIE STREET ADDRESS 10033 9TH ST. N. - 2ND FL CITY-ST-ZIP ST. PETERSBURG FL 33716-3805	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD 1.2 NAME Jerry Walters 1.3 STREET ADDRESS 10033 9th Street N. 2nd FL 1.4 CITY-ST-ZIP St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME MICHAELS, BRIAN STREET ADDRESS 10033 9TH ST. N. - 2ND FL CITY-ST-ZIP ST. PETERSBURG FL 33716-3805	<input type="checkbox"/> DELETE	2.1 TITLE T - Constance Consentin 2.2 NAME 10033 9th Street N. 2.3 STREET ADDRESS St. Petersburg, FL 33716 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME KING, LIN STREET ADDRESS 10033 9TH ST. N. - 2ND FL CITY-ST-ZIP ST. PETERSBURG FL 33716-3805	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D - Terry Gruchow 3.2 NAME 10033 9th Street N. 3.3 STREET ADDRESS St. Petersburg, FL 33716 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME RYDER, JOAN STREET ADDRESS 10033 9TH ST. N. - 2ND FL CITY-ST-ZIP ST. PETERSBURG FL 33716-3805	<input type="checkbox"/> DELETE	4.1 TITLE D - Grady Behrnes 4.2 NAME 10033 9th Street N. 4.3 STREET ADDRESS St. Petersburg, FL 33716 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WALL, CHARLES STREET ADDRESS 10033 9TH ST. N. - 2ND FL CITY-ST-ZIP ST. PETERSBURG FL 33716-3805	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D - Charles Mathias 5.2 NAME 10033 9th Street N. 5.3 STREET ADDRESS St. Petersburg, FL 33716 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BOURDON, DON STREET ADDRESS 10033 9TH ST. N. - 2ND FL CITY-ST-ZIP ST. PETERSBURG FL 33716-3805	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **3/5/99** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/1/98)