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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/30/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2266323
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RAMPART PROPERTIES, INC. 10033 9TH ST. N. - 2ND FL ST. PETERSBURG FL 33716-3805	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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 # _____

CR2E037 (4/1/98)