

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N18599** (3)

1. Corporation Name
FOREST LAKES OF COCOA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 113 ROSEWOOD DR. COCOA FL 32926
Mailing Address: 113 ROSEWOOD DR. COCOA FL 32926

3. Date incorporated or Qualified: 01/05/1987
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2781715
Applied For: Not Applicable

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

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

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

2. Principal Place of Business: 21 113 ROSEWOOD DR. Suite, Apt. #, etc. 22
2a. Mailing Address: 26 113 ROSEWOOD DR. Suite, Apt. #, etc. 27
23 City & State: COCOA, FLORIDA
24 Zip: 32926 Country: 25 BREVARD 29 32926 Country: 30 BREVARD

9. Name and Address of Current Registered Agent
LANOUE, ROBERT
3906 SUGARBERRY PLACE
COCOA FL 32926

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: *Robert Lanoue* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/5/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERRINGER, THOMAS	
STREET ADDRESS	117 ROSEWOOD DRIVE	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HULEATT, JACK	
STREET ADDRESS	3905 CAMPHOR PLACE	
CITY-ST-ZIP	COCOA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LANOUE, ROBERT	
STREET ADDRESS	3906 SUGARBERRY PLACE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FREDBLOOM, JEAN	
STREET ADDRESS	300 BASSWOOD CT	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME	POTTER, RAYMOND	
STREET ADDRESS	107 ROSEWOOD DR.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLMAN, JENNIE	
STREET ADDRESS	162 FOREST LAKE DRIVE	
CITY-ST-ZIP	COCOA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1st VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Victor Clark	
1.3 STREET ADDRESS	304 Bottlebrush Ct	
1.4 CITY-ST-ZIP	Cocoa, FL. 32926	
2.1 TITLE	2 VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hilbert Berry	
2.3 STREET ADDRESS	130 Forest Lake Dr.	
2.4 CITY-ST-ZIP	Cocoa, FL. 32926	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marjorie Mays	
3.3 STREET ADDRESS	169 Rosewood Dr.	
3.4 CITY-ST-ZIP	Cocoa, FL. 32926	
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 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: *Robert Lanoue* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 3/5/96 DAYTIME PHONE #: 417-631-7431

CR2E037 (12/95)