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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18599

1. Corporation Name
FOREST LAKES OF COCOA CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business
 113 ROSEWOOD DR.
 COCOA FL 32926
 US

Mailing Address
 113 ROSEWOOD DR.
 COCOA FL 32926



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/05/1987	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-2781715	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STALLINGS, MICHAEL H 121 ROSEWOOD DR COCOA FL 32926				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: *Michael H. Stallings* DATE: 1/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, BLANCHARD	1.2 NAME	NORMAN BLANCHARD
STREET ADDRESS	141 ROSEWOOD DRIVE	1.3 STREET ADDRESS	141 ROSEWOOD DRIVE
CITY-ST-ZIP	COCOA FL 32926	1.4 CITY-ST-ZIP	COCOA FL 32926
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, JACK	2.2 NAME	VICTOR CLARK
STREET ADDRESS	182 ROSEWOOD DRIVE	2.3 STREET ADDRESS	304 BOTTLEBRUSH COURT
CITY-ST-ZIP	COCOA FL 32926	2.4 CITY-ST-ZIP	COCOA, FL. 32926
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STALLINGS, MICHAEL H	3.2 NAME	MERLE CASDORPH
STREET ADDRESS	121 ROSEWOOD DR	3.3 STREET ADDRESS	161 ROSEWOOD DRIVE
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	COCOA, FL. 32926
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDBLOOM, JEAN	4.2 NAME	
STREET ADDRESS	300 BASSWOOD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYS, MARJORIE	5.2 NAME	CLARK SMITH
STREET ADDRESS	169 ROSEWOOD DRIVE	5.3 STREET ADDRESS	307 BOTTLEBRUSH COURT
CITY-ST-ZIP	COCOA FL 32926	5.4 CITY-ST-ZIP	COCOA, FL. 32926
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, RAYMOND	6.2 NAME	
STREET ADDRESS	107 ROSEWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	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)(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 with all other like empowered.

SIGNATURE: *Norman Blanchard* 1-26-99 407-636-3619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)