ANNUAL REPORT
FILED
1995

DIVISION OF CORPORATIONS

95 APR 26 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725371 (9)

1. Corporation Name

FOREST LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1058 FOREST LAKES DRIVE NAPLES FL 33942	1058 FOREST LAKES DRIVE NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1973

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1487933 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

LANGGUTH, ROBERT E
1057 FOREST LAKES DRIVE
NAPLES FL 33942

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	TESKE, ELNATHAN	1.2 NAME		
STREET ADDRESS	1009 FOREST LAKES DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	KLYCZEK, DONALD J.	2.2 NAME		
STREET ADDRESS	1022 FOREST LAKES DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MARION, JAMES	3.2 NAME	CENEDELLA, RICHARD	
STREET ADDRESS	1055 FOREST LAKES DRIVE E207	3.3 STREET ADDRESS	1057 FOREST LAKES DR 205	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES FL	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	LARAMY, JOAN	4.2 NAME		
STREET ADDRESS	1083 FOREST LAKES DRIVE 101	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LOTTER, CARL	5.2 NAME		
STREET ADDRESS	1071 FOREST LAKES DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	HEIDEN, HOWARD	6.2 NAME	CADMAN, DORIS	
STREET ADDRESS	1083 FOREST LAKES DR 102	6.3 STREET ADDRESS	1056 FOREST LAKES DR A102	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	NAPLES FL	

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)(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.

SIGNATURE: Donald J. Klyczek Treasurer 4/19/95 813-261-5497

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

000077