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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725371 (9)

1. Corporation Name

FOREST LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1058 FOREST LAKES DRIVE
NAPLES FL 33942

Mailing Address

1058 FOREST LAKES DRIVE
NAPLES FL 34105-22283. Date Incorporated or Qualified
01/26/19733a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 34105

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGGUTH, ROBERT E
1057 FOREST LAKES DRIVE
NAPLES FL 33942

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
34105

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME ROONEY, JOSEPH
STREET ADDRESS 1069 FOREST LAKE DRIVE
CITY-ST-ZIP NAPLES, FL 00000 ☒ DELETE1.1 TITLE P/D
1.2 NAME LOWES, HAROLD
1.3 STREET ADDRESS 1046 FOREST LAKES DRIVE
1.4 CITY-ST-ZIP NAPLES, FL 34105 ☐ Change ☒ AdditionTITLE T
NAME KLYCZEK, DONALD J.
STREET ADDRESS 1022 FOREST LAKES DRIVE
CITY-ST-ZIP NAPLES FL ☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME CENEDELLA, RICHARD
STREET ADDRESS 1057 FOREST LAKES DRIVE #205
CITY-ST-ZIP NAPLES FL ☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD
NAME LARAMY, JOAN
STREET ADDRESS 1083 FOREST LAKES DRIVE 101
CITY-ST-ZIP NAPLES, FL 00000 ☐ DELETE4.1 TITLE S
4.2 NAME LARAMY, JOAN
4.3 STREET ADDRESS 1083 FOREST LAKES DRIVE 101
4.4 CITY-ST-ZIP NAPLES FL 34105 ☒ Change ☐ AdditionTITLE D
NAME DAVIS, ROBERT
STREET ADDRESS 1085 FOREST LAKES DRIVE DRIVE 207
CITY-ST-ZIP NAPLES FL ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE PD
NAME CADMAN, DORIS
STREET ADDRESS 1056 FOREST LAKES DR. A102
CITY-ST-ZIP NAPLES FL ☐ DELETE6.1 TITLE D
6.2 NAME CADMAN, DORIS
6.3 STREET ADDRESS 1056 FOREST LAKES DRIVE A102
6.4 CITY-ST-ZIP NAPLES FL 34105 ☒ Change ☐ Addition

14. I do 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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0058441

CR2E037 (9/96)