

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90234 031 \*\*\*\*61.25

DOCUMENT # 725371

1. Corporation Name

FOREST LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1058 FOREST LAKES DRIVE  
NAPLES FL 34105  
US

Mailing Address

1058 FOREST LAKES DRIVE  
NAPLES FL 33942



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 1058 Forest Lakes Drive  
27 Suite, Apt. #, etc.

28 City & State

Naples, FL

29 Zip 30 Country

34105

3. Date Incorporated or Qualified

01/26/1973

4. FEI Number

59-1487933

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

9. Name and Address of Current Registered Agent

LANGGUTH, ROBERT E  
1057 FOREST LAKES DRIVE  
NAPLES FL 34105

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 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

TITLE PD  
NAME LOWES, HAROLD  
STREET ADDRESS 1046 FOREST LAKES DR.  
CITY-ST-ZIP NAPLES, FL 00000

☐ DELETE

TITLE VD  
NAME JONES, ROBERT H  
STREET ADDRESS 1022 FOREST LAKES DRIVE  
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE D  
NAME CENEDELLA, RICHARD  
STREET ADDRESS 1057 FOREST LAKES DRIVE #205  
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE S  
NAME LARAMY, JOAN  
STREET ADDRESS 1083 FOREST LAKES DRIVE 101  
CITY-ST-ZIP NAPLES, FL 00000

☐ DELETE

TITLE D  
NAME SAWYER, ROGER  
STREET ADDRESS 1020 FOREST LAKES DRIVE  
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE D  
NAME CADMAN, DORIS  
STREET ADDRESS 1056 FOREST LAKES DR. A102  
CITY-ST-ZIP NAPLES FL

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

D  
DOCKRELL, THOMAS  
1081 FOREST LAKES DRIVE  
NAPLES, FL 34105

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: *Katherine Harris* SIGNATURE REQUIRED *Michael Cucina* 4/14/99 941-649 5462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)