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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 # 708039

1. Corporation Name

FOREST LAKES COUNTRY CLUB ESTATES CONDOMINIUM AP
ARTMENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5550 BEE RIDGE RD.
SUITE E-3
SARASOTA FL 34233

5550 BEE RIDGE RD.
SUITE E-3
SARASOTA FL 34233



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

11/02/1964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-6180553

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANAGEMENT CONCEPTS OF SARASOTA COUNTY INC
5550 BEE RIDGE RD.
SUITE E-3
SARASOTA FL 34233

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE
NAME RIDDLE, DUNCAN
STREET ADDRESS 2501 BENEVA ROAD 8
CITY-ST-ZIP SARASOTA FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BAHNFLETH, MARGARET
STREET ADDRESS 2507 BENEVA RD. #5
CITY-ST-ZIP SARASOTA FL 34232

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME NIELSEN, BRAD
STREET ADDRESS 2507 BENEVA RD #1
CITY-ST-ZIP SARASOTA FL

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

TITLE PD ☒ DELETE
NAME SHEPARD, KENNETH
STREET ADDRESS 2507 BENEVA RD #7
CITY-ST-ZIP SARASOTA FL

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME SMOLLAR, MARIE
4.3 STREET ADDRESS 2505 BENEVA ROAD. #7
4.4 CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE TD ☐ Change ☒ Addition
5.2 NAME ALLEN, VIOLA
5.3 STREET ADDRESS 2503 BENEVA ROAD #1
5.4 CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME SCHEEL, MARIE
6.3 STREET ADDRESS 2501 BENEVA ROAD #2
6.4 CITY-ST-ZIP SARASOTA FL 34232

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)