


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90025 040 ****61.25

DOCUMENT # 708039			
1. Entity Name FOREST LAKES COUNTRY CLUB ESTATES CONDOMINIUM APARTMENTS ASSOCIATION, INC.			
Principal Place of Business 5766 BRONX AVE. SUITE A SARASOTA, FL 34231		Mailing Address 5766 BRONX AVE. SUITE A SARASOTA, FL 34231	
2. Principal Place of Business 3707 Radnor PL		3. Mailing Address 3707 Radnor PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34231	Country U.S.A.	Zip 34231	Country U.S.A.
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANAGEMENT CONCEPTS OF SARASOTA COUNTY INC 5766 BRONX AVENUE SUITE A SARASOTA, FL 34231		Name Prokop Stone, P.A. Street Address (P.O. Box Number is Not Acceptable) 3707 Radnor PL City Sarasota FL Zip Code 34232	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Kenneth D. Prokop</u>		DATE <u>2/14/05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reconstituting)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTH, ANN 2503 BENEVA RD #9 SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gail Lambert 2507 Beneva Rd #9 Sarasota, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, MARIE 2505 BENEVA RD # 1 SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Sharon Bobbitt 2503 Beneva Rd. #6 Sarasota, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAHNFLETH, MARGARET 2507 BENEVA ROAD #5 SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARACIA, GERARD 2507 BENEVA ROAD #7 SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERALD M KARACIA 2507 BENEVA ROAD #7 SARASOTA, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Gerald M Karacia</u>		DATE: <u>2/17/05</u> DAYTIME PHONE #: <u>941 922-1825</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	