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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 653038

(0)

1. Corporation Name

FOREST LAKE MANOR, INC.

Principal Place of Business

1 JOHN ANDERSON DR  
#709  
ORMOND BEACH FL 32176  
US

Mailing Address

1 JOHN ANDERSON DR  
#709  
ORMOND BEACH FL 32176-5790  
US

3. Date Incorporated or Qualified

01/17/1980

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 252 FOREST LAKE BLVD

Suite, Apt. #, etc.

22

City & State

23 DAYTONA BEACH, FL

Zip

24 32119

Country

25 U.S.A.

2a. Mailing Address

26 252 FOREST LAKE BLVD

Suite, Apt. #, etc.

27

City & State

28 DAYTONA BEACH, FL

Zip

29 32119

Country

30 U.S.A.

4. FEI Number

59-1970072

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEBER, KALLY  
10 ST. JOHNS PLACE  
ORMOND BEACH FL 32176

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

Signature of registered agent, provided name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME HAAS, DONALD A.  
STREET ADDRESS 1 JOHN ANDERSON DR. #709  
CITY-ST-ZIP ORMOND BEACH FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR  
1.2 NAME WEBER, KALLY  
1.3 STREET ADDRESS 10 ST. JOHNS PL  
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32176

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE:

Kally Weber PRES. KALLY WEBER

1-22-97

904-760-7174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)