

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90063 030 ****61.25

0051704

DOCUMENT # 708039

1. Entity Name

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

Principal Place of Business

Mailing Address

5766 BRONX AVE.
 SUITE A
 SARASOTA FL 34231

5766 BRONX AVE.
 SUITE A
 SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6180553

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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

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

City

FL

Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	RIDDLE, DUNCAN	
STREET ADDRESS	2501 BENEVA RD 8	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHEPARD, KENNETH	
STREET ADDRESS	2501 BENEVA RD 7	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTH, ANN	
STREET ADDRESS	2503 BENEVA RD #9	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, MARIE	
STREET ADDRESS	2505 BENEVA RD # 1	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALLEN, VIOLA	
STREET ADDRESS	2503 BENEVA RD #1	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHEEL, MARIE	
STREET ADDRESS	2501 BENEVA RD #2	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nielsen, Bradley	
STREET ADDRESS	2507 Beneva Road #2	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frey, Bonnie	
STREET ADDRESS	2503 Beneva Road #7	
CITY-ST-ZIP	Sarasota FL - 34232	

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: SIGNATURE REQUIRED *[Signature]* Date: 2/19/02 Daytime Phone #: 941-922-5522

CR2E037 (9/01)

Attachment

#708039

328670

TITLE: D

Addition

NAME: Karacia, Gerald

STREETADDRESS: 2507 Beneva Raod #7

CITY STATE ZIP: Sarasota FL 34232