

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

04-05-2006 90147 030 ****61.25

4/5

DOCUMENT # 708039

1. Entity Name

**FOREST LAKES COUNTRY CLUB ESTATES CONDOMINIUM
APARTMENTS ASSOCIATION, INC.**



Principal Place of Business

**3707 RADNOR PL
SARASOTA FL 34231**

Mailing Address

**3707 RADNOR PL
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

1st MOORE

CR2E037 (10/05)

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

**PROKOPSTONE P.A.
3707 RADNOR PL
SARASOTA FL 34232**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when agent changes)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **TD** ☐ Delete
NAME: **ROTH, ANN**
STREET ADDRESS: **2503 BENEVA RD #9**
CITY-STATE-ZIP: **SARASOTA FL 34232**

TITLE: **VP** ☐ Delete
NAME: **LAMBERT, GAIL**
STREET ADDRESS: **2507 BENEVA RD # 9**
CITY-STATE-ZIP: **SARASOTA FL 34232**

TITLE: **TR** ☐ Delete
NAME: **BOBBITT, SHARON**
STREET ADDRESS: **2503 BENEVA RD # 6**
CITY-STATE-ZIP: **SARASOTA FL 34232**

TITLE: **PD** ☒ Delete
NAME: **KARACIA, GERARD M**
STREET ADDRESS: **2507 BENEVA ROAD # 7**
CITY-STATE-ZIP: **SARASOTA FL 34232**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DD** ☐ Change ☒ Addition
NAME: **Nielson, Jeanne**
STREET ADDRESS: **2507 BENEVA RD # 2**
CITY-STATE-ZIP: **Sarasota, FL 34232**

TITLE: **PD** ☐ Change ☐ Addition
NAME: **Lambert, Gail**
STREET ADDRESS: **2507 BENEVA RD # 9**
CITY-STATE-ZIP: **Sarasota, FL 34232**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. Ann Rath 4/21/06 (941) 342-8750