

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

04-17-2007 90239 036 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PROKOPSTONE P.A. 3707 RADNOR PL SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name Prokop PA Street Address (P.O. Box Number is Not Acceptable) 3707 Radnor Place City Sarasota FL 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> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2007		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				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	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAMBERT, GAIL 2507 BENEVA RD # 9 SARASOTA, FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR BOBBITT, SHARON 2503 BENEVA RD # 8 SARASOTA, FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD NIELSON, JEANNE 2507 BENEVA RD #2 SARASOTA, FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Jeanne Nielson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date: <u>5/1/07</u>				Deponent Phone #: <u>941-931-5846</u>	

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03302007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-6180553** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required