

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2009
Secretary of State**

DOCUMENT# 708039

Entity Name: FOREST LAKES COUNTRY CLUB ESTATES CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

3707 RADNOR PL
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

3707 RADNOR PL
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-6180553 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PROKOPSTONE P.A.
3707 RADNOR PL
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

PROKOP P.A.
3707 RADNOR PL
SARASOTA, FL 34232 US

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: KENNETH D. PROKOP 01/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMBERT, GAIL
Address: 2507 BENEVA RD # 9
City-St-Zip: SARASOTA, FL 34232

Title: TR () Delete
Name: BOBBITT, SHARON
Address: 2503 BENEVA RD# 6
City-St-Zip: SARASOTA, FL 34232

Title: DD () Delete
Name: NIELSON, JEANNE
Address: 2507 BENEVA RD #2
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: ARDNDT, TRACY
Address: 2507 BENEVA RD 4
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH D. PROKOP RA 01/09/2009
Electronic Signature of Signing Officer or Director Date