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CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # 719856 (7)

1. Corporation Name  
**FOREST LAKES COUNTRY CLUB ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business C/O JIM WILLIAMS P.O. BOX 31032 SARASOTA FL 34232	Mailing Address C/O JIM WILLIAMS P.O. BOX 31032 SARASOTA FL 34232
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/14/1970</b>	3a. Date of Last Report <b>01/25/1994</b>
4. FEI Number <del>059148174</del> <b>59-1404474</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>P. O. Box 31032</b>	2a. Mailing Address 26 <b>P. O. Box 31032</b>
Suite, Apt. #, etc. 22 <b>Forest Lakes Station</b>	Suite, Apt. #, etc. 27 <b>Forest Lakes Station</b>
City & State 23 <b>Sarasota, FL</b>	City & State 28 <b>Sarasota, FL</b>
Zip 24 <b>34232</b>	Country 25
Zip 29 <b>34232</b>	Country 30

9. Name and Address of Current Registered Agent  
**WEINRICH, CARL  
PO BOX 31032 FOREST LAKES STATION,  
SARASOTA FL 34232**

10. Name and Address of New Registered Agent

81 Name <b>Jay Brady P/D</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2139 Brookhaven Drive</b>
83
84 City <b>Sarasota</b>
85 Zip Code <b>FL 34239</b>

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 *J. A. Dellorto* **Jay Brady** **2-1-95**  
Signature of, printed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>WEINRICH, CARL</b>
STREET ADDRESS <b>1739 RIVERA CIRCLE</b>	CITY-ST-ZIP <b>SARASOTA FL</b>
TITLE <b>SD</b>	NAME <b>DAILEY, PETER M.</b>
STREET ADDRESS <b>1763 RIVIERA CIRCLE</b>	CITY-ST-ZIP <b>SARASOTA, FL 00000</b>
TITLE <b>T/D</b>	NAME <b>DELLORTO, JOHN A</b>
STREET ADDRESS <b>1982 MID OCEAN CIRCLE</b>	CITY-ST-ZIP <b>SARASOTA FL</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Jay Brady</b>	
1.3 STREET ADDRESS <b>2139 Brookhaven Drive</b>	
1.4 CITY-ST-ZIP <b>Sarasota, FL 34239</b>	
2.1 TITLE <b>V P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Jean Cognato</b>	
2.3 STREET ADDRESS <b>3362 Sea View St.</b>	
2.4 CITY-ST-ZIP <b>Sarasota, FL 34239</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Donald N. Parker</b>	
4.3 STREET ADDRESS <b>2217 Riviera Dr</b>	
4.4 CITY-ST-ZIP <b>Sarasota, FL 34232</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John A. Dellorto* **John Dellorto** **2-1-95** **(813) 925-7566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #  
**TREASURER**