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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 P. O. BOX 31032 FOREST LAKE STATION SARASOTA FL 34232 34275 US	Mailing Address P. O. BOX 31032 FOREST LAKE STATION SARASOTA FL 34232 34275 US
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3. Date Incorporated or Qualified 12/14/1970	
4. FEI Number 59-1404474	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BIBO, EDWARD
1955 BROOKHAVEN DR
SARASOTA FL 34259

10. Name and Address of New Registered Agent

81 Name
LAWRENCE W. THOMASON

82 Street Address (P.O. Box Number is Not Acceptable)
1918 RIVIERA DRIVE

84 City **SARASOTA** **FL** **85 Zip Code** **34232**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Lawrence W. Thomason* - LAWRENCE W. THOMASON DATE: 01/21/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P-D
NAME	BIBO, EDWARD	1.2 NAME	STEVEN P. DANGLER
STREET ADDRESS	1955 BROOKHAVEN DR	1.3 STREET ADDRESS	2219 BROOKHAVEN DRIVE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VPD	2.1 TITLE	M.P.D
NAME	LEPOME, CHRISTINA	2.2 NAME	M.R. WILLIAMS
STREET ADDRESS	1976 MID OCEAN CIRCLE	2.3 STREET ADDRESS	3446 PINE VALLEY DRIVE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	T	3.1 TITLE	T-D
NAME	NORTON, JIM	3.2 NAME	LAWRENCE W. THOMASON
STREET ADDRESS	1779 RIVIERA CIRCLE	3.3 STREET ADDRESS	1918 RIVIERA DRIVE
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	SD	4.1 TITLE	S-D
NAME	PARKER, DONALD N	4.2 NAME	MARY ANN FINGERLE
STREET ADDRESS	2217 RIVIERA DR	4.3 STREET ADDRESS	2109 BENEVA ROAD
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Lawrence W. Thomason* DATE: **JAN 21 1998**

CR2E037 (10/97)