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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90214 037 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719856**

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

Principal Place of Business P. O. BOX 31032 FOREST LAKE STATION SARASOTA FL <del>04270</del> US	Mailing Address P. O. BOX 31032 FOREST LAKE STATION SARASOTA FL <del>04270</del> US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/14/1970</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1404474</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable.
23. Zip	28. Zip	5. Certificate of Status, Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>THOMASON, LAWRENCE W.</b> <b>1918 RIVIERA DRIVE</b> <b>SARSOTA FL 34232</b>	10. Name and Address of New Registered Agent 81. Name <b>M. R. Williams</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>3448 Pine Valley Drive</b> 83. 84. City <b>Sarasota</b> <b>FL</b> 85. Zip Code <b>34239</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANGLER, STEVEN P.	1.2 NAME	Hildebrand, Graham
STREET ADDRESS	22219 BROOKHAVEN DRIVE	1.3 STREET ADDRESS	3365 Sea View St.
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, M.R.	2.2 NAME	Berkoff, Charles
STREET ADDRESS	3448 PINE VALLEY DRIVE	2.3 STREET ADDRESS	3504 Brookline Drive
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMASON, LAWRENCE W.	3.2 NAME	Williams, M. R.
STREET ADDRESS	1918 RIVIERA DRIVE	3.3 STREET ADDRESS	3448 Pine Valley Drive
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	Sarasota, FL 34239-4333
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINGERIE, MARY ANN	4.2 NAME	Dority, Celest
STREET ADDRESS	2109 BENEVA ROAD	4.3 STREET ADDRESS	2235 Brookhaven Drive
CITY-ST-ZIP	SARASOTA FL 34232	4.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:  **M. R. Williams** 1/19/99 (941) 927-3738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)