

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90028 039 \*\*\*\*61.25

**DOCUMENT # 719856**

1. Entity Name

**FOREST LAKES COUNTRY CLUB ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 7226  
 PINECRAFT STATION  
 SARASOTA FL 34278  
 US

P.O. BOX 7226  
 PINECRAFT STATION  
 SARASOTA FL 34278  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1404474**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COGNATO, JEAN**  
**3382 SEA VIEW ST**  
**SARASOTA FL 34232**

Name

**Sandra Ayers-Rose**

Street Address (P.O. Box Number is Not Acceptable)

**1934 Brookhaven Drive**

City

**Sarasota**

**FL**

Zip Code  
**34239**

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.

SIGNATURE

*Sandra Ayers-Rose*

**Sandra Ayers-Rose, President**

**2/14/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD HILDEBRAND, GRAHAM**  
 STREET ADDRESS **3365 SEA VIEW ST**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE  Change  Addition  
 NAME **President Sandra Ayers-Rose**  
 STREET ADDRESS **1934 Brookhaven Drive**  
 CITY-ST-ZIP **Sarasota, FL 34239**

TITLE  Delete  
 NAME **VPD COGNATO, JEAN**  
 STREET ADDRESS **3382 SEA VIEW ST.**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE  Change  Addition  
 NAME **Vice-President Jim Valek**  
 STREET ADDRESS **1876 Mid Ocean Circle**  
 CITY-ST-ZIP **Sarasota, FL 34239**

TITLE  Delete  
 NAME **VPD HILDEBRAND, GRAHAM**  
 STREET ADDRESS **3365 SEA VIEW ST**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE  Change  Addition  
 NAME **Director Graham Hildebrand**  
 STREET ADDRESS **3365 Sea View St.**  
 CITY-ST-ZIP **Sarasota, FL 34239**

TITLE  Delete  
 NAME **S AYERS-ROSE, SANDRA**  
 STREET ADDRESS **1934 BROOKHAVEN DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD COGNATO, JEAN**  
 STREET ADDRESS **3382 SEA VIEW ST**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE  Change  Addition  
 NAME **Director Jean Cognato**  
 STREET ADDRESS **3362 Sea View St.**  
 CITY-ST-ZIP **Sarasota, FL 34239**

TITLE  Delete  
 NAME **TD WILLIAMS, M R**  
 STREET ADDRESS **3448 PINE VALLEY DR**  
 CITY-ST-ZIP **SARASOTA FL 34239-4333**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

*M R Williams*

**M R Williams, Treas.**

**2/14/02**

**(941) 927-3738**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, mo Phone #

CR2E037 (9/01)