

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90093 023 ****61.25



DOCUMENT # 719856

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

Principal Place of Business
**P.O. BOX 7226
 PINECRAFT STATION
 SARASOTA, FL 34278 US**

Mailing Address
**P.O. BOX 7226
 PINECRAFT STATION
 SARASOTA, FL 34278 US**

40033454



02282007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1404474 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BASS, VICTORIA 2032 RIVIERA DR SARASOTA, FL 34232		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	TOOLEY, ADAM	NAME	
STREET ADDRESS	1811 BROOKHAVEN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	HILDEBRAND, GRAHAM	NAME	CHRIS Kemper
STREET ADDRESS	3365 SEA VIEW ST	STREET ADDRESS	2039 RIVIERA DR
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	BASS, VICTORIA	NAME	
STREET ADDRESS	2032 RIVIERA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	GANEY, JOANN F	NAME	
STREET ADDRESS	1859 RIVIERA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment thereto, in connection with all other like empowered.

SIGNATURE _____