

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:23

DOCUMENT # **723103** (8)
1. Corporation Name:
FOREST LAKES PARK COMMUNITY ASSOCIATION, INC

Principal Place of Business Mailing Address
**ARROWHEAD 7 DOE RDS
POST OFFICE BOX 1144
OKLAWAHA FL 32179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/04/1972** 3a. Date of Last Report **02/22/1994**
4. FEI Number **72-3103520** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SMITH DONALD
PINE NEEDLES RD (P.O. BOX 361)
OKLAWAHA FL 32179**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHARP, BILL
STREET ADDRESS	19160 SE 96TH ST
CITY-ST-ZIP	OKLAWAHA FL
TITLE	S
NAME	O'KANE, ELLEN
STREET ADDRESS	BLACKJACK ROAD
CITY-ST-ZIP	OKLAWAHA FL
TITLE	V
NAME	SEGARS, FREEMAN
STREET ADDRESS	12365 SE 138 AVE.
CITY-ST-ZIP	OKLAWAHA FL 32179
TITLE	D
NAME	PETERSON, KENNETH
STREET ADDRESS	9182 SE 100TH AVE
CITY-ST-ZIP	OKLAWAHA FL
TITLE	D
NAME	CINGANO, ROLLAND
STREET ADDRESS	9665 SE 102 TERR
CITY-ST-ZIP	OKLAWAHA FL
TITLE	TD
NAME	SMITH, DONALD
STREET ADDRESS	10460 SE 93RD PLACE
CITY-ST-ZIP	OKLAWAHA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHARP, BILL	
1.3 STREET ADDRESS	19160 SE 96TH ST.	
1.4 CITY-ST-ZIP	OKLAWAHA FL 32179	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHIRLEY SEGARS	
2.3 STREET ADDRESS	9336 SE 194 AVE.	
2.4 CITY-ST-ZIP	OKLAWAHA FL 32179	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEGARS, FREEMAN	
3.3 STREET ADDRESS	12365 SE 138 AVE.	
3.4 CITY-ST-ZIP	OKLAWAHA, FL. 32179	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BUCHANAN, JIM	
4.3 STREET ADDRESS	19730 SE 95TH ST.	
4.4 CITY-ST-ZIP	OKLAWAHA FL 32179	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MILLS, EARL	
5.3 STREET ADDRESS	9240 S.E. 197 AVE.	
5.4 CITY-ST-ZIP	OKLAWAHA, FL, 32179	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BUCHANAN, JUDY	
6.3 STREET ADDRESS	19370 SE 95th St.	
6.4 CITY-ST-ZIP	OKLAWAHA FL 32179	

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 recorder 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 (above), or on an attachment with an address.

SIGNATURE: Donald L Smith 2/7/95 904 2884845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter 617, Florida Statutes