

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 723103 (8)

1. Corporation Name
FOREST LAKES PARK COMMUNITY ASSOCIATION, INC



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

Mailing Address
**ARROWHEAD 7 DOE RDS
POST OFFICE BOX 1144
OKLAWAHA FL 32179**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/04/1972	3a. Date of Last Report 02/15/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 72-3103520	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip 32183	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH DONALD PINE NEEDLES RD (P.O. BOX 361) OKLAWAHA FL 32179		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
		85. Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, BILL	12 NAME	SEGARS, SHIRLEY
STREET ADDRESS	19160 SE 96TH ST	13 STREET ADDRESS	9336 SE 194 AVE.
CITY-ST-ZIP	OKLAWAHA FL	14 CITY-ST-ZIP	OKLAWAHA, FL
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGARS, SHIRLEY	22 NAME	SEGARS, FREEMAN
STREET ADDRESS	9336 SE 194 AVE	23 STREET ADDRESS	12365 SE 138 AVE.
CITY-ST-ZIP	OKLAWAHA FL	24 CITY-ST-ZIP	OKLAWAHA, FL
TITLE	P <input type="checkbox"/> DELETE	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGARS, FREEMAN	32 NAME	SMITH, DONALD
STREET ADDRESS	12365 SE 138 AVE.	33 STREET ADDRESS	19460 SE 93RD PLACE
CITY-ST-ZIP	OKLAWAHA FL	34 CITY-ST-ZIP	OKLAWAHA, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, KENNETH	42 NAME	PAUL CUTRIGHT
STREET ADDRESS	9182 SE 196TH AVE	43 STREET ADDRESS	9310 SE 194TH AVE.
CITY-ST-ZIP	OKLAWAHA FL	44 CITY-ST-ZIP	OKLAWAHA, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	YP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINGANO, ROLLAND	52 NAME	JIM BUCHANAN
STREET ADDRESS	9665 SE 192 TERR	53 STREET ADDRESS	19370 SE 95TH ST.
CITY-ST-ZIP	OKLAWAHA FL	54 CITY-ST-ZIP	OKLAWAHA, FL.
TITLE	TD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONALD	62 NAME	
STREET ADDRESS	19460 SE 93RD PLACE	63 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	64 CITY-ST-ZIP	

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 119.07(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 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: *Shirley Segars* T.D. **4/15/96** **352-288-8622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E037 (12/95)