


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

**FILED**

**Apr 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723103 (8)**  
1. Corporation Name  
**FOREST LAKES PARK COMMUNITY ASSOCIATION, INC**



Principal Place of Business <b>ARROWHEAD 7 DOE RDS POST OFFICE BOX 1144 OKLAWAHA FL 32179</b>	Mailing Address <b>ARROWHEAD 7 DOE RDS POST OFFICE BOX 1144 OKLAWAHA FL 32183 US</b>
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3. Date Incorporated or Qualified  
**04/04/1972**

4. FEI Number <b>72-3103520</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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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	29
25	30

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BUCHANAN, JIM</b>
STREET ADDRESS	<b>19370 SE 95TH ST</b>
CITY-ST-ZIP	<b>OKLAWAHA FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>REGISTER, ELAINE</b>
STREET ADDRESS	<b>9665 SE 192ND CT</b>
CITY-ST-ZIP	<b>OKLAWAHA FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CUTRIGHT, PAUL J</b>
STREET ADDRESS	<b>9310 SE 194 AVE</b>
CITY-ST-ZIP	<b>OKLAWAHA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SEGARS, SHIRLEY</b>
STREET ADDRESS	<b>9336 SE 194 AVE</b>
CITY-ST-ZIP	<b>OKLAWAHA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SEGARS, FREEMAN</b>
STREET ADDRESS	<b>12365 SE 138 AVE</b>
CITY-ST-ZIP	<b>OKLAWAHA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, DONALD</b>
STREET ADDRESS	<b>19460 SE 93RD PLACE</b>
CITY-ST-ZIP	<b>OKLAWAHA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BILL SHARP</b>
1.3 STREET ADDRESS	<b>19160 SE 96th ST</b>
1.4 CITY-ST-ZIP	<b>OKLAWAHA, FL 32179</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MIKE BISSONETTE</b>
3.3 STREET ADDRESS	<b>9425 SE 190th Ct.</b>
3.4 CITY-ST-ZIP	<b>OKLAWAHA FL 32179</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>BEANIE BISHA</b>
5.3 STREET ADDRESS	<b>19145 SE 96th ST</b>
5.4 CITY-ST-ZIP	<b>OKLAWAHA FL. 32179</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>RUSS WALKER</b>
6.3 STREET ADDRESS	<b>9240 SE 197th AVE</b>
6.4 CITY-ST-ZIP	<b>OKLAWAHA FL 32179</b>

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.

SIGNATURE: *SHIRLEY SEGARS* *4/17/98* *352-288-4528*

CR2E037 (10/97)