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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90029 048 \*\*\*\*61.25

003456

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 723103

1. Corporation Name

FOREST LAKES PARK COMMUNITY ASSOCIATION, INC

487235 - 90029 - 48

Principal Place of Business

ARROWHEAD 7 DOE RDS  
 POST OFFICE BOX 1144  
 OKLAWAHA FL 32179

Mailing Address

ARROWHEAD 7 DOE RDS  
 POST OFFICE BOX 1151  
 OKLAWAHA FL 32183-1151  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/04/1972

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

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHARP, BILL	
STREET ADDRESS	19160 SE 96TH ST	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REGISTER, ELAINE	
STREET ADDRESS	9665 SE 192ND CT	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BISSONETTE, MIKE	
STREET ADDRESS	9425 SE 190TH CT	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SEGARS, SHIRLEY	
STREET ADDRESS	9336 SE 194 AVE	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIASHA, BERNIE	
STREET ADDRESS	19145 SE 96TH ST	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, RUSS	
STREET ADDRESS	9240 SE 197TH AVE	
CITY-ST-ZIP	OKLAWAHA FL 32179	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES REGISTER	
1.3 STREET ADDRESS	9665 SE 192ND CT.	
1.4 CITY-ST-ZIP	OKLAWAHA, FL 32179	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUSS WALKER	
3.3 STREET ADDRESS	9240 SE 197TH AVE	
3.4 CITY-ST-ZIP	OKLAWAHA FL 32179	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRED ROSTER	
5.3 STREET ADDRESS	9111 SE 191ST TER	
5.4 CITY-ST-ZIP	OKLAWAHA, FL 32179	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	EARL MILLS	
6.3 STREET ADDRESS	9240 197TH AVE.	
6.4 CITY-ST-ZIP	OKLAWAHA, FL 32179	

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 for or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 1352-288-4528  
 Date Daytime Phone #

CR2E037 (11/98)