

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90031 011 ****70.00

DOCUMENT # 723103

1. Entity Name

FOREST LAKES PARK COMMUNITY ASSOCIATION, INC

Principal Place of Business

Mailing Address

ARROWHEAD 7 DOE RDS
 POST OFFICE BOX 1144
 OKLAWAHA, FL 32179

ARROWHEAD 7 DOE RDS
 POST OFFICE BOX 11511
 OKLAWAHA, FL-32183
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-3103520

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH DONALD
PINE NEEDLES RD (P.O. BOX 361)
OKLAWAHA FL 32179

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VP REGISTER, CHARLES**
 STREET ADDRESS **9665 SE 192 CT**
 CITY-ST-ZIP **OKLAWAHA FL 32179**

TITLE Change Addition
 NAME **P Register Charles**
 STREET ADDRESS **9665 SE 192 CT.**
 CITY-ST-ZIP **Ocklawaha, FL 32179**

TITLE Delete
 NAME **REGISTER, ELAINE**
 STREET ADDRESS **9665 SE 192ND CT**
 CITY-ST-ZIP **OKLAWAHA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P WALKER, RUSS**
 STREET ADDRESS **9240 SE 197 AVE**
 CITY-ST-ZIP **OKLAWAHA FL 32179**

TITLE Change Addition
 NAME **VP Walker Russ**
 STREET ADDRESS **9240 SE 197 AVE**
 CITY-ST-ZIP **Ocklawaha, FL 32179**

TITLE Delete
 NAME **T SEGARS, SHIRLEY**
 STREET ADDRESS **9336 SE 194 AVE**
 CITY-ST-ZIP **OKLAWAHA FL**

TITLE Change Addition
 NAME **T. Rostek, Fred**
 STREET ADDRESS **9111 SE 191 Ter.**
 CITY-ST-ZIP **Ocklawaha, FL 32179**

TITLE Delete
 NAME **D ROSTER, FRED**
 STREET ADDRESS **9111 SE 191 TERR**
 CITY-ST-ZIP **OKLAWAHA FL 32179**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MILLS, EARL**
 STREET ADDRESS **9240 SE 197TH AVE**
 CITY-ST-ZIP **OKLAWAHA FL 32179**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

FRED ROSTEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)