

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90111 044 ****61.25

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DOCUMENT # 723103
 1. Entity 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 1151 OKLAWAHA FL 32183-1151 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Arrowhead 7 Doe RDS Suite, Apt. #, etc. Post Office Box 1151 City & State Ocklawaha FL Zip 32183 Country MARION	3. Mailing Address Arrowhead 7 Doe RDS Suite, Apt. #, etc. P.O. Box 1151 City & State Ocklawaha FL Zip 32183 Country MARION
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4. FEI Number 72-3103520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

7. Name and Address of New Registered Agent
 Name: **Russ Walker**
 Street Address (P.O. Box Number is Not Acceptable):
19651 S.E. 92nd Place
P.O. Box 638
 City: **Ocklawaha** FL Zip Code: **32183**

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: *Russ Walker, VP (Russ Walker)* DATE: **MARCH 22 2001**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REGISTER, CHARLES 9665 SE 192 CT OCKLAWAHA FL 32179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REGISTER, ELAINE 9665 SE 192ND CT OCKLAWAHA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, RUSS 9240 SE 197 AVE OCKLAWAHA FL 32179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSTEK, FRED 9111 SE 191 TERR OCKLAWAHA FL 32179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSTER, FRED 9111 SE 191 TERR OKLAWAHA FL 32179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, EARL 9240 SE 197TH AVE OKLAWAHA FL 32179	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President WALKER, Russ 19611 S.E. 92nd Pl (P.O. Box 638) Ocklawaha, FL 32183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sherry Day 9210 SE 196th AVE Ocklawaha, FL 32183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA Jacqueline L. Walker 19651 S.E. 92nd Place Ocklawaha, FL 32183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director STEVE Voorhees 9269 SE 197 AVE Ocklawaha FL 32183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bill Sharp 19160 SE 96th St Ocklawaha FL 32183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Bob Webster 9405 SE 193rd Ave Ocklawaha, FL 32183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Jacqueline L Walker* DATE: **3/29/01**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)

D

Judith E. Mills

9240 SE 197th Ave.

Ocklawaha, Fl.

32183

Attachment

723103

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