## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 30, 2002 8:00 am Secretary of State **DOCUMENT # 723103** 1. Entity Name FOREST LAKES PARK COMMUNITY ASSOCIATION, INC 04-30-2002 90147 028 \*\*\*\*61 Principal Place of Business Mailing Address ARROWHEAD 7 DOE RDS ARROWHEAD 7 DOE RDS POST OFFICE BOX 1151 POST OFFICE BOX 1151 OCKLAWAHA FL 32183 OCKLAWAHA FL 32183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc . DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 72-3103520 Not Applicable Zip · Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, RUSS Street Address (P.O. Box Number is Not Acceptable) 19651 SE 92ND PL P.O. BOX 638 OCKLAWAHA FL 32183 City 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) ar in proof of 1349. Election Campaign Financing Service FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be 21.2 3 C CHOM CAN Trust Fund Contribution. Added to Fees Department of State Herrican State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE NAME WALKER, RUSS NAME Duffy Voorhes 19611 SE 92 PL P.O. BOX 638 STREÉT ADDRESS STREET ADDRESS 92695E 197 AVE CITY-ST-7IP <u>OCKLAWAHA FL 32183</u> CITY-ST-ZIP OCK/QWana ,71 32183 TITLE Bud Ryan Delete TITLE ☐ Change NAME DAY, SHERRY NAME 9461 SE 192 CT STREET ADDRESS 9210 SE 196TH AVE STREET ADDRESS CITY-ST-ZIP OCKLAWAHA, FI 32183 CITY-ST-ZIP <u>OCKLAWAHA FL 32183</u> RUSS WAIKER - Delete ---TITLE Addition 19651 SE 9200 Place WALKER, JACQUELIN NAME STREET ADDRESS 19651 SE 92 PLACE STREET ADDRESS Ocklawaha, 71 32183 CITY-ST-ZIP OCKLAWAHA FL 32183 CITY-ST-ZIP TITLE Judy M:115 9240 SE 197 AVE ☐ Delete TITLE ☐ Change Addition NAME **VOORHEES, STEVE** NAME STREET ADDRESS 9269 SE 197 AVE STREET ADDRESS BCKIAWaha 71 32183 Rolland Cingano CITY-ST-ZIP <u>OCKLAWAHA FL 32-1883</u> CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME SHARP, BILL NAME 9681 56 192 Terr STREET ADDRESS 196160 SE 96TH ST STREET ADDRESS CITY-ST-ZIP OCKLAWAHA FL 32183 Ocklawaha Fl 32183 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BOD DAY

UCKIawaha 71 32183 12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

MILLS, EARL

9240 SE 197TH AVE

OKLAWAHA FL 32179

NAME

STREET ADDRESS

CITY-ST-ZIP

9210 SE 196# AVE

352-288-9658 Daytime Phone #

AHachwent #723/03 Add Doz. #723/03

D. Bob Webster

9405 S.E. 193 Ave

Ochlawaha, Florida

32183

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