## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE:

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

## Mar 09, 2004 8:00 am **Secretary of State DOCUMENT # 723103** 1. Entity Name 03-09-2004 90001 032 \*\*\*\*70.00 FOREST LAKES PARK COMMUNITY ASSOCIATION, INC Principal Place of Business Mailing Address ARROWHEAD 7 DOE RDS ARROWHEAD 7 DOE RDS **J4ULJ0LJ** POST OFFICE BOX 1151 OCKLAWAHA FL 32183 POST OFFICE BOX 1151 OCKLAWAHA FL 32183 2. Principal Place of Business 3. Mailing Address Comm ASSOC, Inc Cammunita Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) 9528 SE City & State 4. FEI Number Applied For 72-3103520 Ocklawcha Ocklawaha Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32179 MARION Fee Required MACION 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change ☐ Addition WALKER, RUSS NAME NAME 19651 SE 92ND PL STREET ADDRESS STREET ADDRESS OCKLAWAHA FL 32179 CITY-ST-7IP CITY-ST-78P Delete SBRENDA FORD Change TITLE TITLE ☐ Addition VOORHES, DUFFY NAME 19120 SE 90th LN NAME 9269 SE 197 AVE STREET ADDRESS STREET ADDRESS OCKLAWAHA FL 32183 OCKLawang, FI CITY-ST-ZIP CITY-ST-ZIP 32179 TITLE Delete TITLE Judy Mills Change ☐ Addition -92.40 JE 197 th AVE VOORHEES, DUFFY NAME NAME 9269 SE 197 AVE. STREET ADDRESS STREET ADDRESS OCKLAWAHA FL 32179 Ocklawaha Fi CITY-ST-7IP CITY-ST-ZIP 32179 Delete TITLE ☐ Addition VOORHEES, STEVE NAME NAME 9269 SE 197 AVE STREET ADDRESS STREET ADDRESS OCKLAWAHA FL 32-1883 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SHARP, BILL NAME NAME 196160 SE 96TH ST STREET ADDRESS STREET ADDRESS OCKLAWAHA FL 32183 CITY-ST-ZIP CITY-ST-28 TITLE TITLE □ Delete ☐ Change ☐ Addition MILLS, EARL NAME 9240 SE 197TH AVE STREET ADDRESS STREET ADDRESS OKLAWAHA FL 32179 CITY-ST-ZIP 12. Thereby 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 of the receiver of 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

**FILED** 

Attachment Doc.# 723103

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