


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90214 031 \*\*\*\*61.25

<b>DOCUMENT # 723103</b>	
1. Entity Name <b>FOREST LAKES PARK COMMUNITY ASSOCIATION, INC</b>	

Principal Place of Business <b>COMMUNITY CENTER 9528 SE 190TH AVE. OCKLAWAHA, FL 32179</b>	Mailing Address <b>FLP COMM ASSOC., INC. 9528 SE 190TH AVE. OCKLAWAHA, FL 32179 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01212005 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number <b>72-3103520</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>WALKER, RUSS 19651 SE 92ND PL OCKLAWAHA, FL 32183</b>

<b>7. Name and Address of New Registered Agent</b>		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, RUSS 19651 SE 92ND PL OCKLAWAHA, FL 32179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAFORD, BRENDA 19120 SE 90TH LN. OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLS, JUDY 9240 SE 197TH AVE. OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOORHEES, STEVE 9269 SE 197 AVE OCKLAWAHA, FL 321883 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, BILL 196160 SE 96TH ST OCKLAWAHA, FL 32183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, EARL 9240 SE 197TH AVE OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bud Ryan 9461 SE 192nd Ct ocklawaha Fl 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Webster 9405 SE 193rd Ave ocklawaha, Fl 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Russ Walker 19651 SE 92nd Pl ocklawaha Fl 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kim Ryan 9370 SE 195th Ave ocklawaha Fl 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:** Russ Walker **RUSS WALKER** 4-24-05 352-288-9655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #