
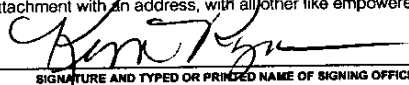


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90356 050 ****61.25

DOCUMENT # 723103							
1. Entity Name FOREST LAKES PARK COMMUNITY ASSOCIATION, INC							
Principal Place of Business COMMUNITY CENTER 9528 SE 190TH AVE. OCKLAWAHA, FL 32179			Mailing Address FLP COMM ASSOC., INC. 9528 SE 190TH AVE. OCKLAWAHA, FL 32179 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 72-3103520 <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For	Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WALKER, RUSS 19651 SE 92ND PL OCKLAWAHA, FL 32183			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. 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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RYAN, BUD		NAME	Kim Ryan			
STREET ADDRESS	9461 SE 192ND COURT		STREET ADDRESS	9370 SE 195th Ave.			
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP	OCKLAWAHA, FL 32179			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Sec. Jeanine Hodges	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FAFORD, BRENDA		NAME	19370 SE 92 ST			
STREET ADDRESS	19120 SE 90TH LN.		STREET ADDRESS	Ocklawaha, FL 32179			
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	BOD. Brenda FAFORD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MILLS, JUDY		NAME	19120 SE 90th Ln.			
STREET ADDRESS	9240 SE 197TH AVE.		STREET ADDRESS	Ocklawaha, FL 32179			
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP				
TITLE	BOD	<input checked="" type="checkbox"/> Delete	TITLE	BOD. Scott Dillard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RYAN, KIM		NAME	19370 SE 95 ST			
STREET ADDRESS	9269 SE 197 AVE		STREET ADDRESS	OCKLAWAHA, FL 32179			
CITY-ST-ZIP	OCKLAWAHA, FL 321883		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	BOD. Shannon Carey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHARP, BILL		NAME	19270 SE 95th Plake			
STREET ADDRESS	196160 SE 96TH ST		STREET ADDRESS	Ocklawaha FL 32179			
CITY-ST-ZIP	OCKLAWAHA, FL 32183		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	BOD Russ Walker	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, EARL		NAME	19651 SE. 92nd Pl.			
STREET ADDRESS	9240 SE 197TH AVE		STREET ADDRESS	Ocklawaha, FL 32183			
CITY-ST-ZIP	OKLAWAHA, FL 32179		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date		Daytime Phone #			
		4-11-06		352-288-3467			

40050175 ATTACHMENT # 723103
Forest Lakes Park Comm. Assoc. Inc,

President - Ryan, Bud
9461 SE. 192nd Court
Ocklawaha, FL. 32179

Vice President - Webster, Bob
9405 SE. 193rd Ave
Ocklawaha, FL. 32179

Treasurer - Ryan, Kim
9370 SE. 195th Ave.
Ocklawaha, FL. 32179

Secretary - Hodge, Janie
19370 SE. 92 St.
Ocklawaha, FL. 32179

Board of Directors

Walker, Russ - 19651 SE. 92nd Pl. Ocklawaha, FL. 32179
Jaford, Brenda - 19120 SE. 90th Ln. Ocklawaha, FL. 32179
Dilliard, Scott - 19370 SE. 95th St. Ocklawaha, FL. 32179
Carey, Stannon - 19270 SE. 95th Pl. Ocklawaha, FL. 32179
Mull, Earl - 9240 SE. 197th Ave. Ocklawaha, FL. 32179