

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90040 024 ****61.25



DOCUMENT # 723103
 1. Entity Name
FOREST LAKES PARK COMMUNITY ASSOCIATION, INC

Principal Place of Business Mailing Address
COMMUNITY CENTER **FLP COMM ASSOC., INC.**
9528 SE 190TH AVE. **9528 SE 190TH AVE.**
OCKLAWAHA FL 32179 **OCKLAWAHA FL 32179**
US



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **72-3103520** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WALKER, RUSS
19651 SE 92ND PL
OCKLAWAHA FL 32183

7. Name and Address of New Registered Agent
 Name **ROBERT W. RYAN JR.**
 Street Address (P.O. Box Number is Not Acceptable)
9461 SE 192ND CT.
 City **OCKLAWAHA** FL Zip Code **32179**

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 *Robert W. Ryan Jr.* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, BUD 9461 SE 192ND COURT OCKLAWAHA FL 32179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYAN, KIM 9370 SE 195TH AVE OCKLAWAHA FL 32179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HODGE, JEANIE 19370 SE 92 ST OCKLAWAHA FL 32179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD FAFORD, BRENDA 19120 SE 90TH LANE OCKLAWAHA FL 32179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD DILLARD, SCOTT 19370 SE 95 ST OCKLAWAHA FL 32179 <input checked="" 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	BOD Jackie Walker 19651 SE 92 PL OCKLAWAHA, FL 32179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD Melvin Harrison 9360 192nd Ave OCKLAWAHA, FL 32179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD Leroy Stevens 9136 SE 197 ST. OCKLAWAHA, FL 32179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Brenda Faford 19120 SE 90th Lane OCKLAWAHA FL 32179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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: *Earl Mills*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-07 352-310-9139
 Date Daytime Phone #