


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90023 016 \*\*\*\*61.25

<b>DOCUMENT # 723103</b>					
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 - 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	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RYAN, ROBERT W JR 9461 SW 192ND CT OCKLAWAHA, FL 32179			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 <i>Robert W. Ryan</i>		SIGNATURE <i>Robert W. Ryan</i>		DATE 1-23-2008	
Signature, typed or printed name of registered agent and trust if applicable.		(NOTE: Registered Agent signature is required when participating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, BUD		NAME	RYAN, BUD	
STREET ADDRESS	9461 SE 192ND COURT		STREET ADDRESS	9480 SE 193RD AVE	
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, KIM		NAME	ROBERT WEBSTER	
STREET ADDRESS	9370 SE 195TH AVE		STREET ADDRESS	9405 SE 193RD AVE	
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP	OCKLAWAHA, FL 32179	
TITLE	BOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, MELVIN		NAME		
STREET ADDRESS	9360 192ND AVE		STREET ADDRESS		
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAFORD, BRENDA		NAME	RYAN, PATRICIA	
STREET ADDRESS	19120 SE 90TH LANE		STREET ADDRESS	4480 SE 193RD AVE	
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	BOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, LEROY		NAME		
STREET ADDRESS	9130 SE 197 ST		STREET ADDRESS		
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, EARL		NAME	FAFORD, BRENDA	
STREET ADDRESS	9240 SE 197TH AVE		STREET ADDRESS	19120 SE 90TH LANE	
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP	OCKLAWAHA, FL 32179	
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: <i>Robert Webster</i>		SIGNATURE: ROBERT WEBSTER		DATE: 2-1-2008	
Signature and typed or printed name of signing officer or director				Daytime Phone # (352) 388-7675	

4000



01232008 Chg-NP CR2E037 (12/06)

ATTACHMENT

40018479

#723103

FOREST LAKES PARK COMMUNITY ASSOCIATION OFFICERS FOR 2008

P/D

Ryan, Bud

9480 SE 193<sup>rd</sup> Avenue

Ocklawaha, Fl. 32179

D

Faford, Brenda

19120 SE 90<sup>th</sup> Lane

Ocklawaha, Fl. 32179

VP/D

Walker, Russ

19651 SE 92<sup>nd</sup> Place

Ocklawaha, Fl. 32179

D

Harrelson, Melvin

9360 SE 192<sup>nd</sup> Avenue

Ocklawaha, Fl. 32179

T/D

Webster, Robert

9405 SE 193<sup>rd</sup> Avenue

Ocklawaha, Fl. 32179

D

Stevens, Leroy

9130 SE 197<sup>th</sup> Street

Ocklawaha, Fl. 32179

S/D

Ryan, Patricia

9480 SE 193<sup>rd</sup> Avenue

Ocklawaha, Fl. 32179

D

Walker, Jacqueline

19651 SE 92<sup>nd</sup> Place

Ocklawaha, Fl. 32179