

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723103

FILED
Jan 09, 2009
Secretary of State

Entity Name: FOREST LAKES PARK COMMUNITY ASSOCIATION, INC

Current Principal Place of Business:

COMMUNITY CENTER
9528 SE 190TH AVE.
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

FLP COMM ASSOC., INC.
9528 SE 190TH AVE.
OCKLAWAHA, FL 32179 US

New Mailing Address:

FEI Number: 72-3103520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, ROBERT W JR
9461 SW 192ND CT
OCKLAWAHA, FL 32179 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RYAN, BUD
Address: 9480 SE 193RD AVE
City-St-Zip: OCKLAWAHA, FL 32179

Title: T () Delete
Name: WEBSTER, ROBERT
Address: 9405 SE 193RD AVE
City-St-Zip: OCKLAWAHA, FL 32179

Title: BOD () Delete
Name: HARRISON, MELVIN
Address: 9360 192ND AVE
City-St-Zip: OCKLAWAHA, FL 32179

Title: S () Delete
Name: RYAN, PATRICIA
Address: 9480 SE 193RD AVE
City-St-Zip: OCKLAWAHA, FL 32179

Title: BOD () Delete
Name: STEVENS, LEROY
Address: 9130 SE 197 ST
City-St-Zip: OCKLAWAHA, FL 32179

Title: D () Delete
Name: PAFORD, BRENDA
Address: 17120 SE 90TH LN
City-St-Zip: OCKLAWAHA, FL 32179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALKER, RUSS
Address: 19651 SE 92ND PLACE
City-St-Zip: OCKLAWAHA, FL 32179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RYAN, ROBERT W JR
Address: 9480 SE 193RD AVE
City-St-Zip: OCKLAWAHA, FL 32179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEVENS, LEROY
Address: 9130 SE 197 ST
City-St-Zip: OCKLAWAHA, FL 32179

Title: D (X) Change () Addition
Name: HARRISON, MEL
Address: 9360 SE 192ND PLACE
City-St-Zip: OCKLAWAHA, FL 32179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WEBSTER

T

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date