


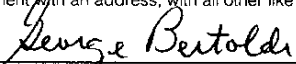


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90194 049 \*\*\*\*61.25

<b>DOCUMENT # 724016</b> 1. Entity Name <b>FOREST LAKES VILLAGE OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2535 CLUBHOUSE CIRCLE SARASOTA, FL 34232</b>			Mailing Address <b>6146 CLARK CENTER AVE SARASOTA, FL 34238</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03102006    Chg-NP    CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-1756662</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>MANAGEMENT CONCEPTS 6146 CLARK CENTER AVE SARASOTA, FL 34238</b>				7. Name and Address of New Registered Agent Name <b>C&amp;S Condominium Mgmt. Svcs, Inc.</b> Street Address (P.O. Box Number is not acceptable) <b>4301 - 3rd Street West</b> <b>Suite A-20</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34205</b>	
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 <b>3.27.2006</b>	
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 <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIERNAN, PETER 2728 CLUBHOUSE DR 101 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lee Moyer 2644 Clubhouse Drive, Unit 201 Sarasota, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIDER, RICHARD 2446 CLUBHOUSE CIRCLE #201 SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard Rider 2446 Clubhouse Circle, Unit 201 Sarasota, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, ROBERT 2640 CLUBHOUSE DRIVE # 103 SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert Taylor 2640 Clubhouse Drive, Unit 103 Sarasota, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, BRIGGS 2424 CLUBHOUSE CIRCLE # 102 SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Briggs Carroll 2424 Clubhouse Circle, Unit 102 Sarasota, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLASBERG, WILLIAM 2724 CLUBHOUSE DRIVE # 103 SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Emilia Clark 2532 Clubhouse Circle, Unit 203 Sarasota, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, RICHARD 2401 CLUBHOUSE CR #201 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President George Bertoldi 2640 Clubhouse Drive, Unit 104 Sarasota, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <b>3.27.2006</b> ; Daytime Phone # <b>923.0398</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					