

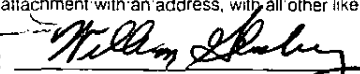


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90068 010 \*\*\*\*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 - No P.O. Box #		3. Mailing Address <b>C/O CFS Condo Mgmt 4301-32nd St. W., Suite A-20 Bradenton, FL 34205 USA</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-1756662</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C&amp;S CONDOMINIUM MGMT. SVCS, INC. 4301-32ND STREET WEST, Suite A-20 BRADENTON, FL 34205</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDER, RICHARD 2446 CLUBHOUSE CIRCLE, UNIT 201 SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, ROBERT 2640 CLUBHOUSE DRIVE, UNIT 103 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <b>Richard Collins</b> <b>2401 Clubhouse Circle, Unit 201</b> <b>Sarasota, FL 34232</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, CARROLL 2424 CLUBHOUSE CIRCLE, UNIT 102 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Edwin Albrecht</b> <b>2532 Clubhouse Circle, Unit 204</b> <b>Sarasota, FL 34232</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, EMILA 2532 CLUBHOUSE CIRCLE, UNIT 203 SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERTOLDI, GEORGE 2640 CLUBHOUSE DRIVE, UNIT 104 SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <b>William Glasberg</b> <b>2401 Clubhouse Circle, Unit 102</b> <b>Sarasota, FL 34232</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Lee Moyer</b> <b>2644 Clubhouse Drive, Unit 201</b> <b>Sarasota, FL 34232</b> <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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					