2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

Mar 18, 2008 8:00 am Secretary of State 03-18-2008 90008 015 ****61.25 **DOCUMENT #725371** FOREST LAKES CONDOMINIUM ASSOCIATION, INC. 40047686 Mailing Address Principal Place of Business 1058 FOREST LAKES DRIVE 1058 FOREST LAKES DRIVE NAPLES, FL 34105 NAPLES, FL 34105 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number City & State 59-1487933 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOOTEE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1058 FOREST LAKES DRIVE NAPLES, FL 34105 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS SECRETARY Change Addition TITLE ☐ Delete BARBARA GOOTEE ROBERT NAME NAME LARES DR. DIJA 055 FOREST STREET ADDRESS 1055 FOREST LAKES DR F202 STREET ADDRESS NAPLES, FL 34105 CITY-ST-7IP CITY-ST-ZIP VPD ☐ Change ☐ Addition TITLE ☐ Delete TITI F VARNER, JOANNE NAME NAME STREET ADDRESS 1057 FOREST LAKES DR #108 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES, FL 34105 TITLE ☐ Change ■ Addition TITLE ☐ Delete FRIES, GEORGE NAME 1061 FOREST LAKES DR STREET ADDRESS STREET ADDRESS NAPLES, FL 34105 CITY - ST - ZIP CITY-ST-ZIP Delete Change ☐ 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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

Delete

Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

HOERLE, SHIRLEY

NAPLES, FL 34105

LOWES, HAROLD

NAPLES, FL 34105

FARNHAM, WILLARD

NAPLES, FL 34105

1008 FOREST LAKES DR

1046 FOREST LAKES DR

SEC

D

1054 FOREST LAKES DRIVE, #G-207

FILED

☐ Chance

Change

Addition

☐ Addition