

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740760 (4)
1. Corporation Name
FOREST LAKES UNIT 9 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 3602 RIVIERA DRIVE SARASOTA FL 34232
Mailing Address: 3602 RIVIERA DRIVE SARASOTA FL 34232-4750

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 3411 Riviera Dr.		26 3411 Riviera Drive		11/15/1977	03/27/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Sarasota, Florida 34232		28 Sarasota, Florida 34232		59-2268846	Not Applicable
24 34232		25 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 34232		30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SPENCER, ROBERT 3602 RIVIERA DRIVE SARASOTA FL 34232				10. Name and Address of New Registered Agent	

81 Name	
John Dunbar	
82 Street Address (P.O. Box Number is Not Acceptable)	
3411 Riviera Drive	
83	
84 City	
Sarasota,	FL 85 Zip Code 34232

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *John Dunbar* DATE: 3-17-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, ROBERT	1.2 NAME	Mildred H. Menzie
STREET ADDRESS	3602 RIVIERA DR	1.3 STREET ADDRESS	3320 Riviera Drive
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP	Sarasota, Florida 34232
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFLUG, JOAN	2.2 NAME	
STREET ADDRESS	3605 RIVIERA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, GARY	3.2 NAME	John Dunbar
STREET ADDRESS	3209 RIVIERA DRIVE	3.3 STREET ADDRESS	3411 Riviera Drive
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, Florida 34232
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MININGER, ARLENE	4.2 NAME	Lorraine State
STREET ADDRESS	3610 RIVIERA DRIVE	4.3 STREET ADDRESS	3107 Riviera Drive
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, Florida 34232
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Francis Wayland Patrick
STREET ADDRESS		5.3 STREET ADDRESS	3524 Riviera Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota, Florida 34232
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan A. Pflug* DATE: 3-17-97 DAYTIME PHONE #: 941-922-7201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)