## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 740760**

2. Principal Place of Business

FOREST LAKES UNIT 9 HOMEOWNERS ASSOCIATION.INC.

Principal Place of Business SHIT RIVIERA DR BO35 RIVIERA DR Mailing Address

SARSOTA FL 34232 US

3411 RIVIERA DR SARASOTA FL 34232 US

2a. Mailing Address

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## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90192 045 \*\*\*\*61.25

|--|--|

3. Date Incorporated or Qualifed

11/15/1977

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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- {	4. FEI Number		<del></del>	lied For	
22		27				59-2268846			Applicable	
City & State	e	City & State				5. Certificate of Status Desired		\$8.75 A		
23		28					<del></del>	Fee Red	quired	
Zip	Country	Zip	Zip Country			6. Election Campaign Financing		\$5.00	May Be	
24	25	29 3	0			Trust Fund Contribution	Ll	Added to	Fees	
	9. Name and Address of Current	Registered Agent				0. Name and Address of New Ro	gistered	Agent		
	_			31 Name	Tax	ne Meisenheim	er T	CLAUS	es l	
MAGINIO	IOLIN		∤.	Circal	_					
DUNBAR, JOHN				82 Street Address (P.O. Box Number is Not Acceptable) 3035 Riviera Dr						
3411 RIVIERA DR				33						
SAROSÓTA\FL 34232										
			[8	34 City	500	rasota	FL	85 Zip C		
				Ш					132	
-11.⁻ Pursuant office or n	to the provisions of Sections 617:0502 egistered agent, or both, in the State of	and 617:1508, Florida Statutes Florida, Such change was auti	, the abo horized l	ove-named by the com	corpora oration's	board of directors. I hereby accept	the appo	intment as reg	istered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	la Statut	es.				•		
SIGNATURE	Jane Meisenheimer T	reasurer x					X		{	
	Signature, typed or printed name of registered agent a			gent signature	required wh		DATE		70 111 10	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS A			
TITLE	PD 🐧	DELETE	1.1 TITL	E	PD	Roberts Dr		Change	☐ Addition	
NAME	MALLEY, DØUG	,	1.2 NAM	Έ	7, 5	TODE LEVE Dr		•	- {	
STREET ADDRESS				EET ADDRESS	34	28 21 2112	<b>1</b>			
CITY-ST-ZIP	SARASØTA FL 34232				Sa	vasota FL 34237	•			
TITLE	TD .	<b>▼</b> DELETE	2.1 TITL		120			Change	Addition	
NAME	GUMINSKLÆNTELA J	•	2.2 NAW	ıF	Tau	le meisenheimer		•	ĺ	
	3525 RIVIERA DRIVE			 EET ADDRESS		ar niviama DT			l	
STREET ADDRESS					Sas	casota FL 34232	-		1	
CITY-ST-ZIP	SARASÓTA PL 34232	☐ DELETE	3 1 T/DL	Y-ST-ZIP	D	7		Change	Addition	
TITLE	VPD	□ DECE IE			\ <u>-</u>			<b></b> 0.,ago		
NAME	DUNBAR, JOHN		3.2 NAM		<b>\</b>					
STREET ADDRESS	3411 RIVIERA DR		3,3 STR	EET ADDRESS					1	
CITY-ST-ZIP	SARASOTA FL /		3.4. CIT	Y-ST-ZIP						
TITLE	SD V	LP \ DELETE	4,1 TITL	E	D	ADAINE STATE		Change	Addition	
NAME			4. 2 NA	<u>/E</u>	For	- Quiane DE				
STREET ADDRESS	3411 RIVIERA DR )	is f	4.3 STR	EET ADDRESS	7	77 Pela 1011				
CITY-ST-ZIP	SARASOTA FL 34232	<i>(</i> )	4.4 CITY	/-ST-ZIP	300	450 12 FL 34232				
TITLE	VPD	DELETE	5,1 TITL	 E	<b>D</b>			Change	Addition	
NAME	DOEGE, SHARLES	- <b>-</b>	5.2 NAM	IE .	MI	DRED MENZIE				
STREET ADDRESS	3131 RIVJERA DRIVE		5.3 STR	EET ADDRESS	33	320 Riviera Dr		_	ļ	
				-ST-ZIP	1504	rasota FZ 34232	_	-	}	
CITY-ST-ZIP	SARASØTA FL 34232	<b>▼</b> DELETE	6.1 TITL		APT	<u> </u>		Change	X Addition	
	D TANK	ES COLLIE		6.2 NAME		ey wood		J-		
NAME	ROBERTS, TODD			EET ADORESS	28	by wood et Riviera br			ļ	
STREET ADDRESS	3428 RIVIERA DRIVE		1		20	rasota FL 34232	•		j	
CITY-ST-ZIP	SARASOTA FL 34232			/-ST-ZIP		7 R 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	fusibar :	atific than the - !-	formation	
34 Iborobus	communication information augalical with	true tilbad door not qualify for t	DO AVAM	onion ciato	a in Sec	noo TIMILLI SUU EINMAA STADITES I				

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report is 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, with all other like empowered.

SIGNATURE:

CR2E037 (11/98)