


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 740760**  
1. Entity Name  
**FOREST LAKES UNIT 9 HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**3411 RIVIERA DR  
SARASOTA, FL 34232 US**      **3524 RIVIERA DR.  
SARASOTA, FL 34232 US**

**DO NOT WRITE IN THIS SPACE**



02132005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**59-2268846**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DAHNE, SUSAN W  
3524 RIVIERA DR.  
SARASOTA, FL 34232**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ODRYNA, DMYTRO 3508 RIVIERA DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAHNE, SUSAN 3524 RIVIERA DR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUNBAR, JOHN 3411 RIVIERA DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITLOW, DEANNA 3602 RIVIERA DR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/05-80046-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Susan W Dahne* **Susan W Dahne**      2/13/05      941 365 9018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #