2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 740760

Entity Name: FOREST LAKES UNIT 9 HOMEOWNERS ASSOCIATION,INC.

Current Principal Place of Business:

3411 RIVIERA DR
SARSOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

3524 RIVIERA DR.
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-2268846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAHNE, SUSAN W
3524 RIVIERA DR.
SAROSOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: GURECK, BRYAN W
Address: 3143 RIVIERA DR
City-St-Zip: SARASOTA, FL 34232

Title: TD ( ) Delete
Name: DAHNE, SUSAN
Address: 3524 RIVIERA DR.
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: DUNBAR, JOHN
Address: 3411 RIVIERA DR
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: BROWN, RON
Address: 2827 RIVERA DR
City-St-Zip: SARASOTA, FL 34232

Title: S/D ( ) Delete
Name: FRIZZELL, LINDA
Address: 3325 RIVIERA DR
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: VERIZZO, JOAN
Address: 3412 RIVERA DR
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: SIMMONS, CAROLYN
Address: 3411 RIVERA DR
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN DAHNE TD 03/23/2009

Electronic Signature of Signing Officer or Director Date