

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # 746501

1. Entity Name

FOREST LAKES PROPERTY OWNERS ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-11-2000 90238 032 ****61.25

Principal Place of Business
C/O TOUCHSTONE WEBB MGM COMPANY INC
5710 S DIXIE HWY SA
W PALM BCH FL 33405
US

Mailing Address
C/O TOUCHSTONE WEBB MGM COMPANY INC
5710 S DIXIE HWY SA
W PALM BCH FL 33405-3607
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1894076		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TOUCHSTONE-WEBB MGMT. CO., INC. 5710 S DIXIE HWY S A W PALM BEACH FL 33405				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	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.

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIA, ROBERT		NAME		
STREET ADDRESS	1690-D FOREST LAKS CIR		STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TREASURER-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANE, JOEL		NAME		
STREET ADDRESS	1564-B FOREST LAKES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANSKY, CAROLYN		NAME		
STREET ADDRESS	1674-B FOREST LAKES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHEELER, NEWMAN		NAME		
STREET ADDRESS	1600-B FOREST LAKES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MARTIN, SCOTT	
STREET ADDRESS			STREET ADDRESS	1530-D FOREST LAKES, CIR.	
CITY-ST-ZIP			CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MAGIOL, ELLEN	
STREET ADDRESS			STREET ADDRESS	1565-D FOREST LAKES CIR.	
CITY-ST-ZIP			CITY-ST-ZIP	WEST PALM BEACH, FL 33406	

12. I 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 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:

Carolyn Sansky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.4.00

Date

Daytime Phone #

CR2E037 (9/99)