

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
 05-21-2001 90351 007 ****61.25

0070594

DOCUMENT # 746501
 1. Entity Name
FOREST LAKES PROPERTY OWNERS ASSOCIATION INC

Principal Place of Business Mailing Address
C/O TOUCHSTONE WEBB **C/O TOUCHSTONE WEBB**
MGM COMPANY INC **MGM COMPANY INC**
5710 S DIXIE HWY SA **5710 S DIXIE HWY SA**
WEST PALM BEACH FL 33405 **WEST PALM BEACH FL 33405'**

2. Principal Place of Business 3. Mailing Address
2328 S CONGRESS AVE **2328 S CONGRESS AVE**

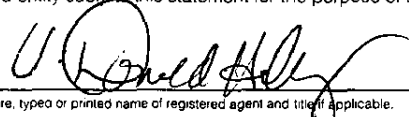
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 1C **SUITE 1C**

City & State City & State 4. FEI Number Applied For
WEST PALM BEACH FL **WEST PALM BEACH FL** **59-1894076'** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required
33406 **USA** **33406** **USA**

6. Name and Address of Current Registered Agent
TOUCHSTONE-WEBB MGMT CO INC.
5710 S DIXIE HWY
S A
W PALM BEACH FL 33405

7. Name and Address of New Registered Agent
 Name: **V. DONALD HILLEY PA**
 Street Address (P.O. Box Number is Not Acceptable):
11382 PROSPERITY FARMS RD
SUITE 124
 City: **PALM BEACH GARDENS** **FL** Zip Code: **33410**

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:  DATE: **4/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|---------------------------|--|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | RANE, JOEL | |
| STREET ADDRESS | 1564B FOREST LAKES CIRCLE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SANSKY, CAROLYN | |
| STREET ADDRESS | 1674B FOREST LAKES CIRCLE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WHEELER, NEWMAN | |
| STREET ADDRESS | 1600B FOREST LAKES CIRCLE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MARTIN, SCOTT | |
| STREET ADDRESS | 1550C FOREST LAKES CIRCLE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | MAGIOL, ELLEN | |
| STREET ADDRESS | 1565C FOREST LAKES CIR | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RANE, JOEL | |
| STREET ADDRESS | 1564B FOREST LAKES CIR | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANSKY, CAROLYN | |
| STREET ADDRESS | 1674B FOREST LAKES CIRCLE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | T/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MULE, PAUL | |
| STREET ADDRESS | 1680C FOREST LAKES CIR | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEPHANIE DUNLOP | |
| STREET ADDRESS | 1560A FOREST LAKES CIR | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:  DATE: **4/18/2001** (561) 649-8585

CR2E037 (11/00)