


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90032 002 \*\*\*\*61.25

**DOCUMENT # 746501**

1. Entity Name  
**FOREST LAKES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
 2328 S CONGRESS AVE  
 SUITE 1C  
 WEST PALM BEACH, FL 33406 US

Mailing Address  
 2328 S CONGRESS AVE  
 SUITE 1C  
 WEST PALM BEACH, FL 33406 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1894076**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HILLEY, V DONALD PA**  
**860 US HWY ONE, SUITE 108**  
**NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> Delete
NAME	RANE, JOEL	
STREET ADDRESS	1564-B FOREST LAKES CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FINNIGAN, TARA	
STREET ADDRESS	1620C FOREST LAKES CIR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELWOOD, BLAKE	
STREET ADDRESS	1640 B FOREST LAKES CIR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUNLOP, STEPHANIE	
STREET ADDRESS	1560 A FOREST LAKES CIR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERNICE, MARK	
STREET ADDRESS	1850 D FOREST LAKES CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained 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 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:** *Joel Rane* **7465** 2/22/08 **561 838-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #