2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 746501

Entity Name: FOREST LAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1894076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLEY, V DONALD PA
860 US HWY ONE, SUITE 108
NORTH PALM BEACH, FL 33408 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:	TD	( ) Delete
Name:	RANE, JOEL	
Address:	1564-B FOREST LAKES CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	PD	( ) Delete
Name:	FINNIGAN, TARA	
Address:	1620C FOREST LAKES CIR	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	SD	( ) Delete
Name:	ELWOOD, BLAKE	
Address:	1640 B FOREST LAKES CIR	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	VP	( ) Delete
Name:	DUNLOP, STEPHANIE	
Address:	1560 A FOREST LAKES CIR	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	D	( ) Delete
Name:	PERNICE, MARK	
Address:	1650 D FOREST LAKES CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33415 US	

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AD	(X) Change ( ) Addition
Name:	MIGID, ELLEN	
Address:	1565 D FOREST LAKES CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33415 US	

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: TARA FINNIGAN PRES 02/10/2009
Electronic Signature of Signing Officer or Director — Date