

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750999

FILED
Apr 27, 2009
Secretary of State

Entity Name: FOREST LAKES GOLF & TENNIS CLUB, BUILDING NO. 1, INC.

Current Principal Place of Business:

4949 TAMIAMI TLR N 201
NAPLES, FL 341033017 US

New Principal Place of Business:

4949 TAMIAMI TRAIL N.
SUITE 201
NAPLES, FL 341033017 US

Current Mailing Address:

4949 TAMIAMI TRAIL N.
STE. 201
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2069182 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMIAMI TRL N 201
NAPLES, FL 341033017 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: DT () Delete
Name: PETERSON, JOHN
Address: 501 FOREST LAKES BLVD. #312
City-St-Zip: NAPLES, FL 34105

Title: DS () Delete
Name: SEABURY, WILLIAM
Address: 501 FOREST LAKES BLVD. #205
City-St-Zip: NAPLES, FL 34105

Title: DP () Delete
Name: KRYNOK, JOHN
Address: 501 FOREST LAKES BLVD. #210
City-St-Zip: NAPLES, FL 34105

Title: DV () Delete
Name: LUCEY, CORNELIUS
Address: 501 FOREST LAKES BLVD. #309
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: PAZ, JACQUELINE
Address: 20 STONY HILL RD
City-St-Zip: CLIFTON, NJ 07013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change () Addition
Name: KRYNOK, JOHN
Address: 501 FOREST LAKES BLVD. #210
City-St-Zip: NAPLES, FL 34105

Title: DP (X) Change () Addition
Name: LUCEY, EILEEN
Address: 501 FOREST LAKES BLVD. #309
City-St-Zip: NAPLES, FL 34105

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: WILLIAM SEABURY

DS

04/27/2009

Electronic Signature of Signing Officer or Director

Date