

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morcham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 12:06

DOCUMENT # 754584 (1)
1. Corporation Name
FOREST LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668 **10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/13/1980** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-2307872** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**QUALIFIED PROPERTY MANAGEMENT, INC.
10730 U.S. 19 SUITE 17
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVAGNARO, ANTHONY	1.2 NAME	Buchsbaum, Rosalyn
STREET ADDRESS	7705-7 FOREST TRAIL	1.3 STREET ADDRESS	863602 Shadblow
CITY - ST - ZIP	PORT RICHEY FL	1.4 CITY - ST - ZIP	Port Richey, FL
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANADE, EDWARD	2.2 NAME	Sapienza, Joseph
STREET ADDRESS	8550-1 SHADBLOW	2.3 STREET ADDRESS	8636-1 Shadblow
CITY - ST - ZIP	PORT RICHEY FL	2.4 CITY - ST - ZIP	Port Richey, FL 34668
TITLE	TD	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARGARET	3.2 NAME	Kiely, Rose
STREET ADDRESS	8628-4 SHADBLOW	3.3 STREET ADDRESS	8635-2 Shadblow
CITY - ST - ZIP	PORT RICHEY FL	3.4 CITY - ST - ZIP	Port Richey, FL 34668
TITLE	SD	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELENORE	4.2 NAME	Majewski, Leonard
STREET ADDRESS	8550-10 SHADBLOW	4.3 STREET ADDRESS	7725-4 Forest Trail
CITY - ST - ZIP	PORT RICHEY FL	4.4 CITY - ST - ZIP	Port Richey, FL
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICKEL, ISAAC	5.2 NAME	
STREET ADDRESS	8641-1 SHADBLOW	5.3 STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rose M. Kiely* **ROSE M. KIELY** **4-5-95** **843-8516**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Expiration