

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754584 (1)

1. Corporation Name
FOREST LAKE CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **10/13/1980**
3a. Date of Last Report: **04/12/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 59-2307872	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
QUALIFIED PROPERTY MANAGEMENT, INC. 10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BUCHSBAUM, ROSALYN		12 NAME	Kokindo, Joan			
STREET ADDRESS	863602 SHADBLOW		13 STREET ADDRESS	7725-3 Forest Trail			
CITY-ST-ZIP	PORT RICHEY FL		14 CITY-ST-ZIP	Port Richey, FL			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAPIENZA, JOSEPH		22 NAME				
STREET ADDRESS	8636-1 SHADBLOW		23 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL		24 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIELY, ROSE		32 NAME				
STREET ADDRESS	8635-2 SHADBLOW		33 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL		34 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAJEWski, LEONARD		42 NAME				
STREET ADDRESS	7725-4 FOREST TRAIL		43 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL		44 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FICKEL, ISAAC		52 NAME				
STREET ADDRESS	8641-1 SHADBLOW		53 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL		54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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 119.07(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: Joan F. Kokindo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)