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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

10730 U.S. 19 SUITE 17  
PORT RICHEY FL 34668

10730 U.S. 19 SUITE 17  
PORT RICHEY FL 34668-2883



3. Date Incorporated or Qualified 10/13/1980  
3a. Date of Last Report 03/29/1996

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

4. FEI Number 59-2307872  
Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Zip Code

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<del>PD</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>KOKINDO, JOAN -</del>
STREET ADDRESS	<del>7725-3 FOREST TRAIL --</del>
CITY - ST - ZIP	<del>PORT RICHEY FL -</del>
TITLE	<del>FD</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>KIELY, ROSE --</del>
STREET ADDRESS	<del>8635-2 SHADBLOW -</del>
CITY - ST - ZIP	<del>PORT RICHEY FL -</del>
TITLE	<del>SD</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>MAJEWSKI, LEONARD --</del>
STREET ADDRESS	<del>7725-4 FOREST TRAIL</del>
CITY - ST - ZIP	<del>PORT RICHEY FL --</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hill, Kenneth
1.3 STREET ADDRESS	7725-8 Forest Trail
1.4 CITY - ST - ZIP	Port Richey, FL
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bennett, Raymond
2.3 STREET ADDRESS	8550-6 Shadblow
2.4 CITY - ST - ZIP	Port Richey, FL
3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Class, Margaret
3.3 STREET ADDRESS	7741-8 Forest Trail
3.4 CITY - ST - ZIP	Port Richey, FL
4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sapienza, Joseph
4.3 STREET ADDRESS	8636 -1 Shadblow
4.4 CITY - ST - ZIP	Port Richey, FL 34668
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Struz, Alice
5.3 STREET ADDRESS	7715-5 Forest Trail
5.4 CITY - ST - ZIP	Port Richey, FL 34668
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joseph Sapienza* JOSEPH SAPIENZA 3/18/97

CR2E037 (9/96)