

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	4. FEI Number 59-2307872	Applied For <input type="checkbox"/> Not Applicable
--	------------------------------------	--

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, RAYMOND	1.2 NAME	
STREET ADDRESS	8550-6 SHADBLOW	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASS, MARGARET	2.2 NAME	Hill, Myra
STREET ADDRESS	7444-6 FOREST TR --	2.3 STREET ADDRESS	7725-8 Forest Trail
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	Port Richey, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAPIENZA, JOSEPH-	3.2 NAME	Bennett, Lena
STREET ADDRESS	8686-1 SHADBLOW--	3.3 STREET ADDRESS	8550-6 Shadblow Ct.
CITY-ST-ZIP	PORT RICHEY FL--	3.4 CITY-ST-ZIP	Port Richey, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRUZ, ALICE ---	4.2 NAME	
STREET ADDRESS	7715-5 FOREST TR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL--	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KENNETH	5.2 NAME	
STREET ADDRESS	7725-8 FOREST TR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: **SIGNATURE REQUIRED** *Kenneth D Hill 3-27-98*

CR2E037 (10/97)