

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90119 027 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754584**

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
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 \* 306701-90047-45 \*



2. Principal Place of Business 21 8406 Massachusetts Ave 22 Suite B-3 23 City & State New Port Richey, FL 24 Zip 34653	2a. Mailing Address 26 8406 Massachusetts Ave 27 Suite B-3 28 City & State New Port Richey, FL 29 Zip 34653	3. Date Incorporated or Qualified 10/13/1980	4. FEI Number 59-2307872	Applied For <input type="checkbox"/> Not Applicable
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 Community Management Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 8406 Massachusetts Ave., Suite B-3 83 84 City New Port Richey, FL 85 Zip Code 34653		

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

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: *[Signature]* DATE: 4/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	BENNETT, RAYMOND 8550-6 SHADBLOW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD BILL VOIGHT 8626 SHADBLOW CT #1 PORT RICHEY, FL 34668
TITLE SD	HILL, MYRA 7725-8 FOREST TRAIL PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD JUNE SHEIBLEY 7741 FOREST TR #2 PORT RICHEY, FL 34668
TITLE TD	BENNETT, LENA 8550-6 SHADBLOW CT PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD ISAAC FICKEL 8641 SHADBLOW CT #1 PORT RICHEY, FL 34668
TITLE PD	HILL, KENNETH 7725-8 FOREST TR PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D BARBARA CARABELLO 7715 FOREST TRAIL #3 PORT RICHEY, FL 34668
TITLE SD		<input type="checkbox"/> DELETE	5.1 TITLE SD ALICE STRUZ 7715 FOREST TRAIL #5 PORT RICHEY, FL 34668
TITLE SD		<input type="checkbox"/> DELETE	6.1 TITLE SD

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/12/99 DAYTIME PHONE: 727-847-3482

CR2E037 (11/98)