

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90060 025 \*\*\*\*61.25

**DOCUMENT # 754584**

1. Entity Name

**FOREST LAKE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

8406 MASSACHUSETTS AVE  
 STE B-3  
 NEW PORT RICHEY FL 34653  
 US

Mailing Address

8406 MASSACHUSETTS AVE  
 STE B-3  
 NEW PORT RICHEY FL 34653  
 US

04700



2. Principal Place of Business

**COMMUNITY MANAGEMENT SERVICES, INC.**

City & State **8056 OLD C.R. 54 NEW PORT RICHEY, FL 34653**  
 Zip Country

3. Mailing Address

**COMMUNITY MANAGEMENT SERVICES, INC.**

City & State **8056 OLD C.R. 54 NEW PORT RICHEY, FL 34653**  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2307872**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COMMUNITY MANAGEMENT SERVICES, INC.**  
 8406 MASSACHUSETTS AVE.  
 STE B-3  
 NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name **COMMUNITY MANAGEMENT SERVICES, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8056 OLD C.R. 54**  
 City **NEW PORT RICHEY, FL 34653** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | PD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | VOIGHT, BILL         |  |
| STREET ADDRESS | 8626 SHADBLOW CT #1  |  |
| CITY-ST-ZIP    | PORT RICHEY FL 34668 |  |
| TITLE          | VD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | BENNETT, LENA        |  |
| STREET ADDRESS | 8550 SHADBLOW CT #6  |  |
| CITY-ST-ZIP    | PORT RICHEY FL 34668 |  |
| TITLE          | TD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | SAPIENZA, JOSEPH     |  |
| STREET ADDRESS | 8636 SHADBLOW CT #1  |  |
| CITY-ST-ZIP    | PORT RICHEY FL 34668 |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CARABELLO, BARBARA   |  |
| STREET ADDRESS | 7715 FOREST TRAIL #3 |  |
| CITY-ST-ZIP    | PORT RICHEY FL 34668 |  |
| TITLE          | SD                   | <input type="checkbox"/> Delete            |
| NAME           | CLASS, MARGARET      |  |
| STREET ADDRESS | 7741 FOREST TRL #8   |  |
| CITY-ST-ZIP    | PORT RICHEY FL 34688 |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | TROY, CHARLES          |  |
| STREET ADDRESS | 7741 FOREST TRAIL #9   |  |
| CITY-ST-ZIP    | PORT RICHEY, FL. 34668 |  |
| TITLE          | VD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MURRIN, CONNIE         |  |
| STREET ADDRESS | 8636 SHADBLOW CT. #4   |  |
| CITY-ST-ZIP    | PORT RICHEY, FL. 34668 |  |
| TITLE          |                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WRIGHT, BETTY          |  |
| STREET ADDRESS | 7650 FOREST TRAIL #1   |  |
| CITY-ST-ZIP    | PORT RICHEY, FL. 34668 |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LARSON, JIM            |  |
| STREET ADDRESS | 7650 FOREST TRAIL #2   |  |
| CITY-ST-ZIP    | PORT RICHEY, FL. 34668 |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Class*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-27-01** Daytime Phone # **(727) 375-9880**

CR2E037 (10/00)