

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0097533

DOCUMENT # 754584

1. Entity Name

FOREST LAKE CONDOMINIUM ASSOCIATION, INC.

04-02-2002 90095 029 ****61.25

Principal Place of Business

Mailing Address

**8056 OLD CR 54
 NEW PORT RICHEY FL 34653
 US**

**8056 OLD CR 54
 NEW PORT RICHEY FL 34653
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10730 U. S. 19

3. Mailing Address

10730 U. S. 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 17
 City & State

Suite 17
 City & State

Port Richey, FL

Port Richey, FL

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.
 8056 OLD CR 54
 NEW PORT RICHEY FL 34853**

7. Name and Address of New Registered Agent

Name
Qualified Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

10730 U. S. 19

Suite 17

City

Port Richey

FL

Zip Code
34668

B. 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 *Renee Pats (Agent)*

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

(NOTE: Registered Agent signature required when reinstating)

3/25/02
 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

TITLE Delete
 NAME **PD TROY, CHARLES**
 STREET ADDRESS **7741 FOREST TRAIL #9**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE Delete
 NAME **VB- MURRIN, CONNIE**
 STREET ADDRESS **8636 SHADBLOW CT #4**
 CITY-ST-ZIP **PORT-RICHEY-FL-34668**

TITLE Delete
 NAME **T WRIGHT, BETTY**
 STREET ADDRESS **7650 FOREST TRAIL #1**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE Delete
 NAME **~~LARSON, JIM~~**
 STREET ADDRESS **~~7650 FOREST TRAIL #2~~**
 CITY-ST-ZIP **~~PORT-RICHEY-FL-34668~~**

TITLE Delete
 NAME **SD CLASS, MARGARET**
 STREET ADDRESS **7741 FOREST TRL #8**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D Sapienza, Joseph**
 STREET ADDRESS **8636 Shadblow Ct. #1**
 CITY-ST-ZIP **Port Richey, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 *Charles Troy* **CHARLES TROY**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02
 Date

Date

Daytime Phone #

CR2E037 (9/01)