


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90140 048 ****61.25

DOCUMENT # 754584 1. Entity Name FOREST LAKE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 10730 U. S. 19 STE 17 PORT RICHEY FL 34668 US	Mailing Address 10730 U. S. 19 STE 17 PORT RICHEY FL 34668 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-2307872	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT INC. 10730 U. S. 19 STE 17 PORT RICHEY FL 34668	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, ANNE <input checked="" type="checkbox"/> Delete 7650 FOREST TRAIL #6 PORT RICHEY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRY, CONNIE <input checked="" type="checkbox"/> Delete 8636 SHADBLOW CT #4 PORT RICHEY FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, BETTY <input type="checkbox"/> Delete 7650 FOREST TRAIL #1 PORT RICHEY FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B KARL, WILLIAM <input checked="" type="checkbox"/> Delete 8650 SHADBLOW CT, #5 PORT RICHEY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAPIENZA, JOSEPH <input type="checkbox"/> Delete 8636 SHADBLOW CT. #1 PORT RICHEY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Troy, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7741 Forest Trail #9 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Class, Margarie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7741 Forest Trail #8 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larson, James <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7650 Forest Trail #2 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph Sapienza 4/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #