


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90059 043 \*\*\*\*61.25

<b>DOCUMENT # 754584</b>					
1. Entity Name FOREST LAKE CONDOMINIUM ASSOCIATION, INC.					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
QUALIFIED PROPERTY MANAGEMENT INC. 10730 U. S. 19 STE 17 PORT RICHEY, FL 34668				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE -- PD <input type="checkbox"/> Delete NAME -- TROY, CHARLES -- STREET ADDRESS -- 774 FOREST TRAIL #9 -- CITY-ST-ZIP -- PORT RICHEY, FL 34668 --			TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Troy, Charles STREET ADDRESS 10730 U.S. 19, Ste. 17 CITY-ST-ZIP Port Richey, FL		
TITLE -- SD <input type="checkbox"/> Delete NAME -- GLASS, MARGARIE -- STREET ADDRESS -- 774 FOREST TRAIL #9 -- CITY-ST-ZIP -- PORT RICHEY, FL 34668 --			TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Class, Margarie STREET ADDRESS 10730 U.S. 19, Ste. 17 CITY-ST-ZIP Port Richey, FL		
TITLE -- T <input type="checkbox"/> Delete NAME -- WRIGHT, BETTY -- STREET ADDRESS -- 7650 FOREST TRAIL #4 -- CITY-ST-ZIP -- PORT RICHEY, FL 34668 --			TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Wright, Betty STREET ADDRESS 10730 U.S. 19, Ste. 17 CITY-ST-ZIP Port Richey, FL		
TITLE -- D <input type="checkbox"/> Delete NAME -- LARSON, JAMES -- STREET ADDRESS -- 7650 FOREST TRAIL #2 -- CITY-ST-ZIP -- PORT RICHEY, FL 34668 --			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Larson, James STREET ADDRESS 10730 U.S. 19, Ste. 17 CITY-ST-ZIP Port Richey, FL		
TITLE -- VD <input type="checkbox"/> Delete NAME -- SAPIENZA, JOSEPH -- STREET ADDRESS -- 8030 SHADBLOW CT #1 -- CITY-ST-ZIP -- PORT RICHEY, FL --			TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Sapienza, Joseph STREET ADDRESS 10730 U.S. 19, Ste. 17 CITY-ST-ZIP Port Richey, FL		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			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 exemptions contained in Chapter 119, 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: <i>Charles Troy</i> CHARLES TROY - PRESIDENT 1-23-06 727-869-9700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					