

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90027 005 ****61.25

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03032008 Chg-NP CR2E037 (12/06)

DOCUMENT # 754584					
1. Entity Name FOREST LAKE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5901 U.S. 19 SUITE 7Q NEW PORT RICHEY, FL 34652 US			Mailing Address 5901 U.S. 19 SUITE 7Q NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business - No P.O. Box # 90 Goldstar Mgmt Co Suite, Apt. #, etc. 2435 US 19 #270 City & State Holiday FL Zip 34691 Country USA		3. Mailing Address 90 Goldstar Mgmt Co Suite, Apt. #, etc. 2435 US 19 #270 City & State Holiday FL Zip 34691 Country USA		4. FEI Number 59-2307872 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT, INC. 5901 U.S. 19 SUITE 7Q NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name Jeffrey Ulm Street Address (P.O. Box Number is Not Acceptable) 90 Goldstar Mgmt Co 2435 US 19 #270 City Holiday FL Zip Code 34691		
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		Jeffrey Ulm, LCM		3/3/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TROY, CHARLES		NAME	7741 Forest Trail #9	
STREET ADDRESS	5901 U.S. 19		STREET ADDRESS	Port Richey FL 34668	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAPIENZA, JOSEPH		NAME	8636 Shadblaw Ct #1	
STREET ADDRESS	5901 U.S. 19		STREET ADDRESS	Port Richey FL 34668	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, BETTY		NAME	7650 Forest Trail #1	
STREET ADDRESS	5901 U.S. 19		STREET ADDRESS	Port Richey FL 34668	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLASS, MARGARIE		NAME	CLASS, MARGARET	
STREET ADDRESS	5901 U.S. 19		STREET ADDRESS	7741 Forest Trail #8	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	Port Richey FL 34668	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDERSON, CAROLE		NAME	7741 Forest Trail #1	
STREET ADDRESS	5901 U.S. 19		STREET ADDRESS	Port Richey FL 34668	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:		3-3-08		727-842-3548	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	