

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754584

FILED
Mar 06, 2009
Secretary of State

Entity Name: FOREST LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

40 GOLDSTAR MGMT CO
2435 US 19 #270
HOLIDAY, FL 34691 US

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

40 GOLDSTAR MGMT CO
2435 US 19 #270
HOLIDAY, FL 34691 US

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

FEI Number: 59-2307872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULM, JEFFREY
C/O GOLDSTAR MGMT CO
2435 US 19 #270
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: TROY, CHARLES
Address: 7741 FOREST TRAIL #9
City-St-Zip: PORT RICHEY, FL 34668 US

Title: VD () Delete
Name: SAPIENZA, JOSEPH
Address: 8636 SHADBLOW CT #1
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TD () Delete
Name: WRIGHT, BETTY
Address: 7650 FOREST TRAIL #1
City-St-Zip: PORT RICHEY, FL 34668 US

Title: SD () Delete
Name: CLASS, MARGARET
Address: 7741 FOREST TRAIL #8
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D () Delete
Name: HENDERSON, CAROLE
Address: 7741 FOREST TRAIL #1
City-St-Zip: PORT RICHEY, FL 34668 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SAPIENZA, JOSEPH
Address: 8636 SHADBLOW CT #1
City-St-Zip: PORT RICHEY, FL 34668 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SAPIENZA

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date