FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

~~NON PROFIT~~ ~~PROFIT~~ Reinstatement
~~CORPORATION~~
ANNUAL REPORT
~~1996~~/1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 15 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 756315

1. Corporation Name
Forest Lake Estates Civic Association of Port Richey, I

Principal Place of Business

Mailing Address
7612 High Pine Ct.
Port Richey, Fla 34668

REINSTATEMENT 96-97 $60

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 7612 High Pine Ct.		
22 Suite, Apt. #, etc.	27 Port Richey, Fla	4. FEI Number	Applied For / Not Applicable
23 City & State	28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 / / 25 Country	29 Zip 34668 / 30 Country Pasco	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Diana Epp
82 Street Address (P.O. Box Number is Not Acceptable): 7612 High Pine Ct.
83 Port Richey, Fla 34668
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Diana Epp DIANA EPP 9/7/97
Signature of new or previous registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President ☐ DELETE	1.1 TITLE	D ☐ Change ☐ Addition
1.2 NAME	Lester Finotti	1.2 NAME	Lorraine Shroder
1.3 STREET ADDRESS	8651 Elm Leaf Ct	1.3 STREET ADDRESS	7625 Acorn Ln
1.4 CITY-ST-ZIP	Port Richey Fla 34668	1.4 CITY-ST-ZIP	Port Richey Fla 34668
2.1 TITLE	Rose Cocozza, V. Pres. ☐ DELETE	2.1 TITLE	D ☐ Change ☐ Addition
2.2 NAME		2.2 NAME	Jackie Everett
2.3 STREET ADDRESS	7518 Lake Forest Ct	2.3 STREET ADDRESS	7564 High Pine Ct
2.4 CITY-ST-ZIP	Port Richey Fla 34668	2.4 CITY-ST-ZIP	Port Richey Fla 34668
3.1 TITLE	Secretary ☐ DELETE	3.1 TITLE	D ☐ Change ☐ Addition
3.2 NAME	Eleanor Sharkey	3.2 NAME	Frank Massaro
3.3 STREET ADDRESS	7615 Tall Tree Ct.	3.3 STREET ADDRESS	8703 Elm Leaf Ct.
3.4 CITY-ST-ZIP	Port Richey, Fla 34668	3.4 CITY-ST-ZIP	Port Richey, Fla 34668
4.1 TITLE	Treasurer ☐ DELETE	4.1 TITLE	D ☐ Change ☐ Addition
4.2 NAME	Diana Epp	4.2 NAME	Walter Lucas
4.3 STREET ADDRESS	7612 High Pine Ct.	4.3 STREET ADDRESS	7618 Tall Tree Ct.
4.4 CITY-ST-ZIP	Port Richey Fla 34668	4.4 CITY-ST-ZIP	Port Richey Fla 34668
5.1 TITLE	D ☐ DELETE	5.1 TITLE	D ☐ Change ☐ Addition
5.2 NAME	Bill Mishler	5.2 NAME	John Hew, II
5.3 STREET ADDRESS	8642 Elm Leaf Ct	5.3 STREET ADDRESS	7607 Tall Tree Ct
5.4 CITY-ST-ZIP	Port Richey Fla 34668	5.4 CITY-ST-ZIP	Port Richey Fla 34668
6.1 TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	Viola Gates	6.2 NAME	200002294652--7
6.3 STREET ADDRESS	8652 Forest Lake Dr.	6.3 STREET ADDRESS	-09/16/97--01069--011
6.4 CITY-ST-ZIP	Port Richey, Fla 34668	6.4 CITY-ST-ZIP	****175.00 ****175.00

CR2E034 (9/96)

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: Lester Finotti, Jr. 8/12/97 8138438967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lester Finotti, Jr