FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

756315

(8)

FOREST LAKE ESTATES CIVIC ASSOCIATION OF PORT RI

CHEY, INC.										
Principal Place of Business		Mailing Address				BALL BEBEE DI	B £1 \$ 1811			
7612 HIGH PINE COURT PORT RICHEY FL 34668 US		7612 HIGH PINE COURT PORT RICHEY FL 34668 US			3. Date Incorporated or Qualified 02/11/1981 4. FEI Number			10		
						NOT APPLICABLE			Appl Not	
2. Principal Place	ce of Business	2a. Mailing Address		5. Certificate of Status Desired		•	.75 Ad ee Req			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Election Campalgn Financing Trust Fund Contribution		, -	.00 Ma ided to F	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?					
Zip	Country 25	Zip 29	30 Cou	ntry		This corporation owes or has pa Personal Property Tax due June		rrent y Yes		
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	I H PINE COURT HEY FL 34668			81 82 83	Name Street Addre	ess (P.O. Box Number is Not Acceptal	ole)			
				84	City		EI	85	Zip Co	

FILED Feb 03 1998 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

the current year Intangible Yes

7612 HIGH PINE COURT												
			83									
			84 City		85 Zip Code							
			64 City		FL S Zip Code							
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.												
	Diana Epp. Treas.	France.	936									
Signature, typed or priftied name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating)												
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICE								
TITLE	P	☐ DELETE	1.1 TITLE	VP	Change X Addition							
NAME	FINOTTI, LESTER		1.2 NAME	Yvonne Leon								
STREET ADDRESS	8651 ELM LEAF COURT		1.3 STREET ADDRESS	7625 Laurel Oak Ct.								
CITY-ST-ZIP	PORT RICHEY FL 34668		1.4 CITY-ST-ZIP	Port Richey, Fl. 34668								
TITLE	D	DELETE	2.1 TITLE	Sety Sety	Change 🔀 Addition							
NAME	EVERETT, JACKIE		2.2 NAME	Eleanor Shafley								
STREET ADDRESS	7564 HIGH PINES CT		2.3 STREET ADDRESS	7615 Tall Tree Ct.	1							
CITY-ST-ZIP	PORT RICHEY FL 34668		2, 4 CITY-ST-ZIP									
TITLE	T	DELETE	3.1 TITLE	Port Richey, Fl. 34668	Change Addition							
NAME	EPP, DIANA		3.2 NAME	Frank Massaro	- "							
STREET ADDRESS	7612 HIGH PINE COURT		3.3 STREET ADDRESS	8703 Elm Leaf Ct.								
CITY-ST-ZIP	PORT RICHEY FL 34668		3.4. CITY-ST-ZIP	Rort Richey, Fl. 34668								
TITLE	D	☐ DELETE	4.1 TITLE	Dore Richey, Fr. 54000	Change Addition							
NAME	MISHLER, BILL		4. 2 NAME	Richard Plummber								
STREET ADDRESS	8642 ELM LEAF CT		4.3 STREET ADDRESS	7427 Lake Forest Cir.								
CITY-ST-ZIP	PORT RICHEY FL 34668		4.4 CITY-ST-ZIP	Port Richey, Fl. 34668								
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change 🔀 Addition							
NAME	SHRODER, LORRAINE		5.2 NAME	Dick Gates	· I							
STREET ADDRESS	7625 ACORN LANE		5.3 STREET ADDRESS	3852 Forest Lake Dr.								
CITY-ST-ZIP	PORT RICHEY FL 34668		5.4 CITY-ST-ZIP	Port Richey, Fl. 34668								
TITLE	D	[¾ ^X ELETE	6.1 TITLE	D	Change Addition							
NAME	HEWITT, WALTER		6.2 NAME	Mary Plummber								
STREET ADDRESS	7607 TALL TREE CT		6.3 STREET ADDRESS	7427 Lake Forest Cir.	- Carlotte							
CITY-ST-ZIP	PORT RICHEY FL 34668	1	6.4 CITY-ST-ZIP	Port Pichov Fi 3/668								

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(8). For 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diana Epp, Treas. RE

Jan. 22, 1998

813-846-0365