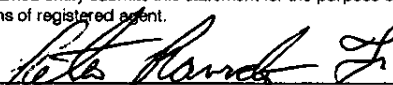
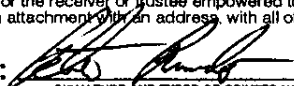


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90042 035 ****61.25

DOCUMENT # 756315 1. Entity Name FOREST LAKE ESTATES CIVIC ASSOCIATION OF PORT RICHEY, INC.					
Principal Place of Business 7618 TALL TREE CT PORT RICHEY, FL 34668 US			Mailing Address 7618 TALL TREE CT PORT RICHEY, FL 34668 US		
2. Principal Place of Business 7614 ACORN LANE Suite, Apt. #, etc.		3. Mailing Address 7614 ACORN LANE Suite, Apt. #, etc.			
City & State PORT RICHEY FL		City & State PORT RICHEY FL		4. FEI Number NOT APPLICABLE	
Zip 34668		Country PASCO		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDO, MANUELA R 7614 ACORN LANE PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name RANDO PETER F Street Address (P.O. Box Number is Not Acceptable) 7614 ACORN LANE PORT RICHEY City PORT RICHEY FL Zip Code 34668	
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  president DATE 1/10/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P RANDO, MANUELA R 7614 ACORN LANE PORT RICHEY, FL 34668	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDO PETER F 7614 ACORN LANE PORT RICHEY FL 34668	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRETCHEN, DEMARCO 7508 HIGH PINES CT. PORT RICHEY, FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINOTTI, LESTER 8651 ELM LEAF CT PORT RICHEY, FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GATES, VIOLA 8852 FOREST LAKE DR PORT RICHEY, FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, EDWARD 8836 FOREST LAKE DR. PORT RICHEY, FL 34668	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TECKERSON CHUCK 7619 ACORN LANE PORT RICHEY FL 34668	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, WALTER A 7618 TALL TREE COURT PORT RICHEY, FL 34668	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'DONNELL BARBARA 8732 FOREST LAKE DR PORT RICHEY FL 34668	☐ Change ☒ Addition
12. 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 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:  PETER RANDO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/10/05 (727) Daytime Phone # 846-1981		

#110011