

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757675

FILED
Apr 06, 2009
Secretary of State

Entity Name: FOREST LAKE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

500 FOREST LAKE BLVD
DAYTONA BCH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

500 FOREST LAKE BLVD
DAYTONA BCH, FL 32119 US

New Mailing Address:

FEI Number: 59-2161366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANSBOTTOM, LUELLEN
991 OLD MILL RUN
ORMOND BCH, FL 32104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DANENHOWER, HANNAH
Address: 116 OAKWOOD VILLAGE CR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: HOLL, PETER
Address: 120 PEPPERWPPD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP () Delete
Name: CALIMAREA, LYDIA
Address: PO BOX 10027
City-St-Zip: DAYTONA BEACH, FL 32120

Title: S () Delete
Name: LICCIARDELLO, CONNIE
Address: 110 PEPPERWOOD CT.
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: GORIN, BARRY
Address: 104 LAKEWOOD VILLAGE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32119 14

Title: DT () Delete
Name: WAGNER, JEANETTE
Address: 174 BAYWOOD COURT
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: HANNAH DANENHOWER

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date