
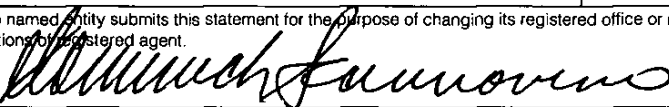
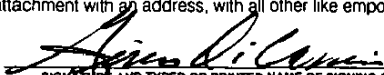


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90076 035 ****61.25

DOCUMENT # 758250 1. Entity Name FOREST LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business SCANNAVINO, INC OLDSMAR, FL 34677 US		Mailing Address 1050 A ELW PKWY OLDSMAR, FL 34677 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 720 Brooker Creek Blvd. #206		02222007 Chg-NP CR2E037 (12/06)	
City & State Oldsmar, FL 34677		4. FEI Number 59-2266323	
Zip 34677		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCANNAVINO, INC 1050 A ELW PKWY OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name Scannavino, Inc. Street Adc 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677 City Oldsmar	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4-13-07 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME DECANIO, GINO STREET ADDRESS 400 LAKEVIEW DR CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DECANIO, GINO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BROWN, ROBERT STREET ADDRESS 318 LAKE PLACID CT. CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME NARDMEIR, GENE STREET ADDRESS 524 LAKEVIEW DRIVE CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME O'HARA, DAVE STREET ADDRESS 404 LAKEVIEW DR. CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MANNI, DIANE STREET ADDRESS 423 CEDAR RIDGE CT CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DIGIORGI, SALVATORE STREET ADDRESS 521 LAKEVIEW DR CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-12-07 <small>Date</small>	

ATTACHMENT 40072340
758250

FOREST LAKES HOMEOWNERS ASSOCIATION

D

Reading, John
107 Edgewood Court
Oldsmar, FL 34677

D

DiCanio, Carol
400 Lakeview Drive
Oldsmar, FL 34677