

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758250

FILED
Jan 15, 2009
Secretary of State

Entity Name: FOREST LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-2266323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANNAVINO, INC
720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 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: P () Delete
Name: DICANIO, GINO
Address: 400 LAKEVIEW DR
City-St-Zip: OLDSMAR, FL 34677

Title: VP () Delete
Name: BROWN, ROBERT
Address: 318 LAKE PLACID CT.
City-St-Zip: OLDSMAR, FL 34677

Title: T () Delete
Name: NARDMEIR, GENE
Address: 524 LAKEVIEW DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: S () Delete
Name: O'HARA, DAVE
Address: 404 LAKEVIEW DR.
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: MANNI, DIANE
Address: 423 CEDAR RIDGE CT
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: DIGIORGI, SALVATORE
Address: 521 LAKEVIEW DR
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: NARDMEIR, GENE
Address: 524 LAKEVIEW DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Change () Addition
Name: FLETCHER, LAURA
Address: 579 LONGWOOD COURT
City-St-Zip: OLDSMAR, FL 34677

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: GINO DICANIO

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date