

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760178

FILED
Mar 09, 2007
Secretary of State

Entity Name: FOREST LAKE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

160 44TH TERR. SW
VERO EBACH, FL 32968 US

New Principal Place of Business:

2ND SQUARE S.W. & 43RD AVE S.W.
VERO BEACH, FL 32968 US

Current Mailing Address:

4363 2ND SQUARE SW
VERO EBACH, FL 32968 US

New Mailing Address:

4363 2ND SQUARE SW
VERO BEACH, FL 32968 US

FEI Number: 59-2151126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FEEK, DOUGLAS L
160 44TH TERR SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

JONES, SHERYL C
4367 2ND SQUARE S.W.
VERO BEACH, FL 32968 US

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: SHERYL C. JONES

03/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: STODDARD, TRICIA
Address: 4363 2ND SQUARE SW
City-St-Zip: VERO BEACH, FL 32968 US

Title: D () Delete
Name: RUDOLPH, WILLIE
Address: 4328 2ND SQUARE SW
City-St-Zip: VERO BEACH, FL 32968 US

Title: D/S () Delete
Name: JONES, SHERYL
Address: 4367 2ND SQUARE SW
City-St-Zip: VERO BEACH, FL 32968 US

Title: D (X) Delete
Name: FEEK, DOUGLAS L
Address: 160 44TH TERRACE SW
City-St-Zip: VERO BEACH, FL 32968 US

Title: D (X) Delete
Name: BURKE, VINCENT
Address: 4311 2ND SQUARE SW
City-St-Zip: VERO BEACH, FL 32968 US

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
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 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: TRICIA STODDARD

P/D

03/09/2007

Electronic Signature of Signing Officer or Director

Date