

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760539

FILED
Mar 30, 2009
Secretary of State

Entity Name: FOREST LAKES GOLF & TENNIS CLUB, BUILDING NO. 2, INC.

Current Principal Place of Business:

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-2176332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACEY, ROBERT T.
187 FOREST LAKES BLVD.
NAPLES, FL 33942 US

Name and Address of New Registered Agent:

GRACEY, ROBERT T SR.
187 FOREST LAKES BLVD.
NAPLES, FL 33942 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: ROBERT T. GRACEY, SR.

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: KAROPULOS, WILLIAM
Address: 499 FOREST LAKES BLVD, # 108
City-St-Zip: NAPLES, FL 34105

Title: ST () Delete
Name: GRACEY, ROBERT
Address: 187 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: DOUGHERTY, JAMES
Address: 499 FOREST LAKES BLVD, # 304
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: COULES, HARRY
Address: 499 FOREST LAKES BLVD, # 310
City-St-Zip: NAPLES, FL 34105

Title: DP () Delete
Name: LYNN, JAMES
Address: 499 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: SPANGLER, DORA
Address: 499 FOREST LAKES BLVD. #105
City-St-Zip: NAPLES, FL 34105

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: ROBERT T. GRACEY, SR.

TREA

03/30/2009

Electronic Signature of Signing Officer or Director

Date