2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N00000000466

Entity Name: FOREST LAKE ESTATES NON SHAREHOLDERS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6239 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

6239 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 59-3617660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROUSE, JIMMIE
6239 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540 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: WILSON, GERALD
Address: 5945 JESSUP DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: VD ( ) Delete
Name: BROWN, DELORIS
Address: 6143 PRESIDENTIAL CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: TD ( ) Delete
Name: CROUSE, JIMMIE
Address: 6239 UTOPIA DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: SD ( ) Delete
Name: FILLHART, BETSY
Address: 6062 JESSUP DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D ( ) Delete
Name: COSTELLO, GARY
Address: 5907 BENZ PL
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D ( ) Delete
Name: RUSH, JAMES
Address: 5912 JESSUP DR
City-St-Zip: ZEPHYRHILLS, FL 33540

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: ( ) 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: JIMMIE CROUSE TD 01/05/2006

Electronic Signature of Signing Officer or Director — Date