2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N00000000466

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

Current Principal Place of Business:

5925 BENZ DRIVE
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

5925 BENZ 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:

BROWN, DOLORES N
5925 BENZ 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: BECHTOLD, JOHN
Address: 5841 NAPLES DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: VD ( ) Delete
Name: RIER, CLIFF
Address: 5924 UTOPIA DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: TD ( ) Delete
Name: BROWN, DOLORES N
Address: 5925 BENZ DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: SD ( ) Delete
Name: FILLHART, DAVID
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: PORTEOUS, JEAN
Address: 6345 FOREST LAKE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: SAWTELL, CLIFF
Address: 5924 UTOPIA DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

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 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: DOLORES N. BROWN TREA 01/08/2009

Electronic Signature of Signing Officer or Director — Date