

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90072 022 ****61.25

DOCUMENT # N00000005090

1. Entity Name

FOREST LAKES PRESERVE HOMEOWNER'S ASSOCIATION, I

Principal Place of Business

Mailing Address

204 N. PARK AVENUE #100
 SANFORD FL 32771

204 N. PARK AVENUE #100
 SANFORD FL 32771

976379



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11217 SAN JOSE BLVD
 Suite, Apt. #, etc.

11217 SAN JOSE BLVD
 Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip 32223
 Country USA

City & State

JACKSONVILLE FL

Zip 32223
 Country USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIHLEN, SID JR.
 204 N. PARK AVENUE #100
 SANFORD FL 32771

Name: **KENNETH L. JOHNS JR.**
 Street Address (P.O. Box Number is Not Acceptable): **11217 SAN JOSE BLVD**
 City: **JACKSONVILLE FL** Zip Code: **32223**

8. 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

[Handwritten Signature]
 SID VIHLEN JR.

4/27/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|------|----------------|-------------|--------------------------|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-------------------------|-----------------------------|-------------------------------|--------------------------|-------------------------------------|
| | KENNETH JOHNS JR | 11217 SAN JOSE BLVD | JACKSONVILLE, FL 32223 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | DV JOHN ZAKOSKE | 11217 SAN JOSE BLVD. | JACKSONVILLE, FL 32223 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | PS SAN J. JOHN | 11217 SAN JOSE BLVD. | JACKSONVILLE, FL 32223 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kenneth L. Johns Jr.** Kenneth L. Johns Jr. 4-27-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)