

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2004  
Secretary of State**

DOCUMENT# N00000005090

Entity Name: FOREST LAKES PRESERVE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 03-0461612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**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: JOHNS, KENNETH  
Address: 9456 PHILLIPS HWY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DV ( ) Delete  
Name: ZAKOSKE, JOHN  
Address: 9456 PHILLIPS HWY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS ( ) Delete  
Name: DOAN, JAN J  
Address: 9456 PHILLIPS HWY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD (X) Delete  
Name: HARPER, OSCAR D  
Address: 9456 PHILLIPS HWY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD (X) Delete  
Name: BREAREY, TERRI L  
Address: 9456 PHILLIPS HWY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: ZAKOSKE, JOHN  
Address: 9456 PHILLIPS HWY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD (X) Change ( ) Addition  
Name: DOAN, JAN J  
Address: 9456 PHILLIPS HWY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32256

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 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 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: KENNETH JOHNS

PD

04/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date