

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005090

FILED
Apr 08, 2005
Secretary of State

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HYATT, KEVIN
Address: 1876 CHORPASH LN
City-St-Zip: PORT ORANGE, FL 32128

Title: SD (X) Change () Addition
Name: PAVLICH, FRANK
Address: 1822 FOREST PRESERVE BLVD
City-St-Zip: PORT ORANGE, FL 32128

Title: TD (X) Change () Addition
Name: MATACALE, JENNIFER
Address: 5421 WARD LAKE DR
City-St-Zip: PORT ORANGE, FL 32128

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: KEVIN HYATT

PD

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date