



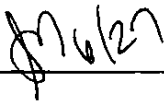

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

06-25-2007 90005009 ***35.00
N00000005090

FILED

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005090			
1. Entity Name FOREST LAKES PRESERVE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 1876 CHORPASH LN PORT ORANGE, FL 32128		Mailing Address 1876 CHORPASH LN PORT ORANGE, FL 32128	
2. Principal Place of Business - No P.O. Box # 1190 Pelican Bay Drive Suite, Apt. #, etc.		3. Mailing Address 1190 Pelican Bay Dr Suite, Apt. #, etc.	
City & State Daytona Beach FL		City & State Daytona Beach FL	
Zip 32119		Country Volusia	
Zip 32119		Country Volusia	
4. FEI Number 03-0461612		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name: Michele Barkin	
		Street Address (P.O. Box Number is Not Acceptable) 1190 Pelican Bay Drive	
		City: Daytona Beach FL Zip Code: 32119	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4/25/07	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYATT, KEVIN 1876 CHORPASH LN PORT ORANGE, FL 32128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hall, Con 1884 BARKSLEY COURT PORT ORANGE FL 32128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAVLICH, FRANK 1822 FOREST PRESERVE BLVD PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. London, Katrina 5444 WARD LAKE DRIVE PORT ORANGE FL 32128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Snell, Dec 1856 CHORPASH LANE PORT ORANGE, FL 32128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Camden, John Director 1873 CHORPASH LANE PORT ORANGE, FL 32128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE: 4/25/07 (386)7563032	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	