

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# N00000005090

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

Current Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

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:

BARKIN, MICHELE
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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: P () Delete
Name: SNELL, DEE
Address: 1856 CHORPASH LANE
City-St-Zip: PORT ORANGE, FL 32128

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

Title: D () Delete
Name: LONDON, KATRINA
Address: 5444 WARD LAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: T () Delete
Name: CHANNELL, HAROLD
Address: 5454 WARD LAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Delete
Name: HALL, CORY
Address: 1884 BRISKEY COURT
City-St-Zip: PORT ORANGE, FL 32128

Title: VP (X) Delete
Name: GILI, REMY
Address: 5461 CARMODY LAKE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: STORK, LINDA
Address: 5439 WARD LAKE BLVD.
City-St-Zip: PORT ORANGE, FL 32128

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

Title: VP (X) Change () Addition
Name: KOVACS, SZILVIA
Address: 1819 FOREST PRESERVE BLVD.
City-St-Zip: PORT ORANGE, FL 32128

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: TERI WIMMER

MGR

04/14/2009

Electronic Signature of Signing Officer or Director

Date