2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004001

FILED Apr 29, 2009 Secretary of State

Entity Name: FOREST LAKES AT LARGO PROPERTY OWNERS ASSOCIATION, INC.

| | rincipal Place | | New Princ | |
|--|---|--|---|---|
| 370 SCHI 30 | ERER DR N | | | |
| AINT PE | TERSBURG, F | L 33716 | | |
| urrent M | lailing Addres | s: | New Maili | ng Address: |
| 00 | ERER DR N | 1 22746 | | |
| | TERSBURG, F | | | |
| =I Number: | : 59-3742458 | FEI Number Applied For () | FEI Number Not App | licable () Certificate of Status Desired () |
| ame and | Address of C | urrent Registered Agent: | Name and | Address of New Registered Agent: |
| RANKS, 00 N. WE AMPA, FI | STSHORE BL | | | |
| | named entity s of Florida. | ubmits this statement for the p | ourpose of changing i | ts registered office or registered agent, or both, |
| | | | | |
| GNATUF | | | | |
| GNATUF | | ic Signature of Registered Age | ent | Date |
| IGNATUF | | | | Date IS/CHANGES TO OFFICERS AND DIRECTOR |
| FFICERS le: ame: ldress: | Electron S AND DIREC | FORS: Delete IAM J LAKE DR | | |
| FFICERS le: ume: dress: ty-St-Zip: le: ume: dress: | Electron S AND DIREC P () THOMAS, WILL 13615 FOREST LARGO, FL 33 | Delete IAM J LAKE DR TOTAL Delete LAKE DR | ADDITION Title: Name: Address: | IS/CHANGES TO OFFICERS AND DIRECTOR |
| | Electron S AND DIREC P () THOMAS, WILL 13615 FOREST LARGO, FL 33' S () BOPP, TINA 13700 FOREST LARGO, FL 33' | Delete IAM J LAKE DR 771 Delete LAKE DR 771 Delete LAKE DR LAKE DR LAKE DR LAKE DR | ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: | IS/CHANGES TO OFFICERS AND DIRECTOR |
| FFICERS le: me: dress: y-St-Zip: le: me: dress: y-St-Zip: le: me: dress: | Electron S AND DIREC P () THOMAS, WILL 13615 FOREST LARGO, FL 33 S () BOPP, TINA 13700 FOREST LARGO, FL 33 T () NORMAN, DON 13570 FOREST LARGO, FL 33 | Delete IAM J LAKE DR 771 Delete LAKE DR 771 Delete LAKE DR LAKE DR LAKE DR LAKE DR | ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: Address: | IS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition |

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: WILLIAM THOMAS P 04/29/2009