

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90019 038 \*\*\*\*61.25

**DOCUMENT # N03000005763**

1. Entity Name  
**FOREST LAKE TOWNHOMES HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**3696N FEDERAL HWY STE 203  
 FT LAUDERDALE, FL 33308**

Mailing Address  
**3696N FEDERAL HWY STE 203  
 FT LAUDERDALE, FL 33308**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**15660 San Carlos #40**  
 City & State  
**Ft Myers FL**  
 Zip  
**33908**  
 Country  
**Lee**

3. Mailing Address  
 Suite, Apt. #, etc.  
**clo P&M Property Mgt**  
**15660 San Carlos #40**  
 City & State  
**Ft Myers FL**  
 Zip  
**33908**  
 Country  
**Lee**

0001139



02092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**01-0805374**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PIOTRKOWSKI, JOEL S  
 317 71 STREET  
 MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent  
 Name  
**Paul L Sapp**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15660 San Carlos Blvd #40**  
 City  
**Ft Myers** **FL** Zip Code  
**33908**

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 *Paul L Sapp* DATE 2/2/06

Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARKOPSKY, STANLEY 3696 N FEDERAL HWY STE 203 FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ACKERMAN, MARK D 7331 OFFICE PARK PLACE B-A STE 400 VIERA, FL 32940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARKOPSKY, JARROD 3696 N FEDERAL HWY STE 203 FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Randy Critchley - PD - 15660 San Carlos Blvd. #40 Ft. Myers, FL. 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Allen Hill 15660 San Carlos Blvd. #40 Ft. Myers, FL. 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Jennifer Bryden 15660 San Carlos Blvd. #40 Ft. Myers, FL. 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec. Trish Mader 15660 San Carlos Blvd. #40 Ft. Myers, FL. 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Treasurer Frances Bellissimo 15660 San Carlos Blvd. #40 Ft. Myers, FL. 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *Randy Critchley* DATE 3/02/06 239 481-1522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #