

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90029 049 \*\*\*\*61.25

<b>DOCUMENT # N03000006913</b> 1. Entity Name <b>FOREST LAKE ESTATES CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>7614 ACORN LN PORT RICHEY, FL 34668</b>			Mailing Address <b>7614 ACORN LN PORT RICHEY, FL 34668</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>75-3128526</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PEYTON, DONALD R 7317 LITTLE RD NEW PORT RICHEY, FL FL346-54</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RANDO, PETER F</b>		NAME		
STREET ADDRESS	<b>7814 ACORN LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FINOTTI, LESTER</b>		NAME		
STREET ADDRESS	<b>8651 ELM LEAF CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GATES, VIOLA</b>		NAME		
STREET ADDRESS	<b>8852 FOREST LAKE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BASSANO, MARIE</b>		NAME	<b>CHUCK ECKERSON</b>	
STREET ADDRESS	<b>8934 BARI CT</b>		STREET ADDRESS	<b>7614 ACORN LN</b>	
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ODONNELL, BARBARA</b>		NAME	<b>MARIE BASSANO</b>	
STREET ADDRESS	<b>8732 FOREST LAKE DR</b>		STREET ADDRESS	<b>8934 BARI CT</b>	
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEMARCO, GRETCHEN</b>		NAME		
STREET ADDRESS	<b>7508 HIGH PINES CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Chuck Eckerson</i> <b>Chuck Eckerson</b>			Date <b>Feb 7, 2006</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		