

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90050 015 ****61.25

DOCUMENT # N03000006913 1. Entity Name FOREST LAKE ESTATES CIVIC ASSOCIATION, INC.					
Principal Place of Business 7614 ACORN LN 8711 Forest Lake Dr PORT RICHEY, FL 34668				Mailing Address 7614 ACORN LN 8711 Forest Lake Dr PORT RICHEY, FL 34668	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072007 Chg-NP CR2E037 (12/06)	
4. FEI Number 75-3128526				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	
PEYTON, DONALD R 7317 LITTLE RD NEW PORT RICHEY, FL FL346-54				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 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	P	<input checked="" type="checkbox"/> Delete	TITLE	④	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDO, PETER F		NAME	SHAWN Foster	
STREET ADDRESS	7614 ACORN LANE		STREET ADDRESS	8711 Forest Lake Dr	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT Richey FL 34668	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	⑤	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINOTTI, LESTER		NAME	MARY Tucci	
STREET ADDRESS	8651 ELM LEAF CT		STREET ADDRESS	7614 High Pines Ct	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT Richey FL 34668	
TITLE	V	<input type="checkbox"/> Delete	TITLE		
NAME	GATES, VIOLA		NAME		
STREET ADDRESS	8852 FOREST LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	CHUCK, ECKERSON		NAME		
STREET ADDRESS	7619 ACORN LN		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	⑤	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODONNELL, BARBARA		NAME	MARIE BASSANO	
STREET ADDRESS	8934 BARE CT		STREET ADDRESS	8934 Bari Ct	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	PORT Richey FL 34668	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	DEMARCO, GRETCHEN		NAME		
STREET ADDRESS	7508 HIGH PINES CT		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		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.					
SIGNATURE: <u>Gregory C Eckerson</u> - Gregory C Eckerson 1-177 727-815-8017 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					