


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90051 008 \*\*\*\*61.25

<b>DOCUMENT # N03000006913</b> 1. Entity Name <b>FOREST LAKE ESTATES CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>8711 FOREST LAKES DR PORT RICHEY, FL 34668</b>			Mailing Address <b>8711 FOREST LAKES DR PORT RICHEY, FL 34668</b>		
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		Country		4. FEI Number <b>75-3128526</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PEYTON, DONALD R 7317 LITTLE RD NEW PORT RICHEY, FL FL346-54</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reconstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</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>FOSTER, SHAWN</b>		NAME		
STREET ADDRESS	<b>8711 FOREST LAKE DR</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>TUCCI, MARY</b>		NAME		
STREET ADDRESS	<b>7617 HIGH PINES 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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHUCK, ECKERSON</b>		NAME		
STREET ADDRESS	<b>7619 ACORN LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BASSANO, MARIE</b>		NAME		
STREET ADDRESS	<b>8934 BARI CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEMARCO, GRETCHEN</b>		NAME	<b>DON PEYTON</b>	
STREET ADDRESS	<b>7508 HIGH PINES CT</b>		STREET ADDRESS	<b>7544 LAKE FOREST CIRCLE</b>	
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>	
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>Gregory C Eckerson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>GREGORY C ECKERSON</b> 1/17/08 8017 <small>Date Daytime Phone #</small>		

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