
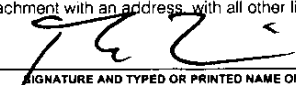


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90031 009 ****70.00

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|--|---|---|---|
| DOCUMENT # N03000009997 | |  | |
| 1. Entity Name FOREST LAKES COMMUNITY OWNERS' ASSOCIATION, INC. | | Mailing Address P.O. BOX 1247 SANTA ROSA BEACH, FL 32459 | |
| Principal Place of Business THE ASSOCIATION OFFICE, INC. 56 SPIRES LANE, #17A SANTA ROSA BEACH, FL 32459 | | Mailing Address P.O. BOX 1247 SANTA ROSA BEACH, FL 32459 | |
| 2. Principal Place of Business - No P.O. Box # 7 TOWN CENTER LOOP | | 3. Mailing Address | |
| Suite, Apt. #, etc. SUITE C16 | | Suite, Apt. #, etc. | |
| City & State SANTA ROSA BEACH FL | | City & State | |
| Zip 32459 | Country WALTON | Zip | Country |
| 6. Name and Address of Current Registered Agent HALL, STEVEN K 36468 EMERALD COAST PARKWAY SUITE 2101 DESTIN, FL 32541 | | 7. Name and Address of New Registered Agent Name JIM IRWIN Street Address (P.O. Box Number is Not Acceptable) 7 TOWN CENTER LOOP SUITE C16 City SANTA ROSA BEACH FL Zip Code 32459 | |
| 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P ROOKIS, RICHARD J #7 TOWN CENTER LOOP #C-14 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT ANDREWS, ANGUS G JR. #7 TOWN CENTER LOOP #C-14 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SMITH, WILLIAM #7 TOWN CENTER LOOP #C-14 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | Date 4.4.08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | Daytime Phone # | |