


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N05131 1. Entity Name FOREST LAKE PROFESSIONAL CENTRE CONDOMINIUM OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 200 FOREST LAKE BLVD. SUITE ONE DAYTONA BEACH, FL 32119	Mailing Address 200 FOREST LAKE BLVD. SUITE ONE DAYTONA BEACH, FL 32119
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03132005 No Chg-NP CR2EQ37 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2704333	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ONDIK, CECILY
200 FOREST LAKE BLVD
DAYTONA BCH., FL 32119**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS ONDIK, CECILY 200 FOREST LAKE BLVD. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ONDIK, JOHN 200 FOREST LAKE BLVD. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, JERRY 200 FOREST LAKE BLVD DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000268278
03/18/05-80030-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Cecily Ondik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-05 (386) 677-1951