

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90007 019 \*\*\*\*61.25

**DOCUMENT # N05131**

1. Entity Name

**FOREST LAKE PROFESSIONAL CENTRE CONDOMINIUM  
OWNERS' ASSOCIATION, INC.**



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



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

4. FEI Number

59-2704333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

*Rhonda R. Strickhouser*

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

*Rhonda R. Strickhouser*  
*Rhonda R. Strickhouser*

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-20-07*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PORTER, JERRY  
STREET ADDRESS 200 FOREST LAKE BLVD  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE TDS ☐ Delete  
NAME STRICKHOUSER, RHONDA R  
STREET ADDRESS 200 FOREST LAKE BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE VD ☐ Delete  
NAME STRICKHOUSER, CHARLES L  
STREET ADDRESS 200 FOREST LAKE BLVD.  
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Rhonda R. Strickhouser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-20-07 386-756-1000*