

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **N05273** (0)
1. Corporation Name
OLD FOREST LAKES ASSOCIATION, INC.

Principal Place of Business Mailing Address
3313 W FOREST LAKE CIR SARASOTA FL 34232 US **3313 W FOREST LAKE CIR SARASOTA FL 34232 US**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **09/21/1984** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0094327** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **3311 W. Forest Lake Cir** 26 **3311 W. Forest Lake Cir**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State **SARASOTA FL** 27 City & State **SARASOTA FL**
Zip Country Zip Country
24 **34232** 25 **SARASOTA** 28 **34232** 30 **SARASOTA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MITCHELL, DAVID M.
219 S. ORANGE AVENUE
SARASOTA FL 33577**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE *David M. Mitchell* DATE **4-28-95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WINDOM, HUGH
STREET ADDRESS	3017 PONY LN
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	MESSICK, ROBERT
STREET ADDRESS	3444 E. FOREST LAKE DRIVE
CITY-ST-ZIP	SARASOTA FL
TITLE	AD
NAME	AZAR, GUY
STREET ADDRESS	3313 W FOREST LAKE CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	BERG, CAROL
STREET ADDRESS	3401 W FOREST LAKE CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	CUMMINGS, PAMELA
STREET ADDRESS	3312 W FOREST LAKE CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	VD
NAME	FEATHERMAN, SCOTT
STREET ADDRESS	3512 E FOREST LAKE DR
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JOAN FREEMAN, JOHANNA
23 STREET ADDRESS	3313 W. FOREST LAKE CIR
24 CITY-ST-ZIP	SARASOTA FL 34232
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	AZAR, GUY
33 STREET ADDRESS	3313 W. FOREST LAKE CIR
34 CITY-ST-ZIP	SARASOTA, FL 34232
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	B T + D Berg CAROL
43 STREET ADDRESS	3401 W. Forest Lake Cir
44 CITY-ST-ZIP	SARASOTA FL 34232
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Swilson, PATTY
53 STREET ADDRESS	3215 PONY LANE
54 CITY-ST-ZIP	SARASOTA, FL 34232
61 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information presented in this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.
SIGNATURE: *Guy S. Azar Jr* DATE: **4-28-95** **8139234496**
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR