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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05273 (0)

1. Corporation Name  
OLD FOREST LAKES ASSOCIATION, INC.



Principal Place of Business Mailing Address  
3311 W FOREST LAKE CIR. SARASOTA FL 34232 US  
3401 W FOREST LAKE CIR SARASOTA FL 34232-4770 US

3. Date Incorporated or Qualified 09/21/1984  
3a. Date of Last Report 05/01/1996  
4. FEI Number 65-0094327 Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE: *David M. Mitchell* DATE: 4/13/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WINDOM, HUGH	
STREET ADDRESS	3017 PONY LN	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMBERT, RONALD	
STREET ADDRESS	3001 PONY LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARMBIER, DANIEL	
STREET ADDRESS	2912 E FOREST DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BERG, CAROL	
STREET ADDRESS	3401 W FOREST LAKE CIR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKINSON, PATRICK	
STREET ADDRESS	3556 E FOREST LAKE DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDSON, CHARLES	
STREET ADDRESS	3280 E FOREST LAKE DR	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dennis Lagatta
1.3 STREET ADDRESS	3512 East Forest Lakes Drive
1.4 CITY - ST - ZIP	Sarasota, FL 34232
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chris Adams
2.3 STREET ADDRESS	3816 East Forest Lakes Drive
2.4 CITY - ST - ZIP	Sarasota, FL 34232
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Newcomber
3.3 STREET ADDRESS	3850 Webber St.
3.4 CITY - ST - ZIP	Sarasota, FL 34232
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wilson, Patricia T.
4.3 STREET ADDRESS	3215 Pony Lane
4.4 CITY - ST - ZIP	Sarasota, FL 34232
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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: *Patricia T. Wilson* DATE: 4/11/97 (941) 922-5105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0062993

CR2E037 (9/96)