


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90013 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05273**

1. Corporation Name  
**OLD FOREST LAKES ASSOCIATION, INC.**

Principal Place of Business 3311 W FOREST LAKE CIR. SARASOTA FL 34232 US	Mailing Address 3401 W FOREST LAKE CIR SARASOTA FL 34232 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/21/1984	4. FEI Number 65-0094327	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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: **1/25/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINDOM, HUGH	1.2 NAME	Dr. William Aipperbach
STREET ADDRESS	3017 PONY LN	1.3 STREET ADDRESS	2810 E Forest Lakes Dr.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBERT, RONALD	2.2 NAME	Colleen Thayer
STREET ADDRESS	3001 PONY LANE	2.3 STREET ADDRESS	2907 Pony Lane
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARMBIER, DANIEL	3.2 NAME	Anne Windom
STREET ADDRESS	2912 E FOREST DR	3.3 STREET ADDRESS	3017 Pony Lane
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PATRICIA T	4.2 NAME	Karée Valek
STREET ADDRESS	3215 PONY LANE	4.3 STREET ADDRESS	2919 Pony Lane
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota FL 34232
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKINSON, PATRICK	5.2 NAME	Ray Thornhill
STREET ADDRESS	3556 E FOREST LAKE DR	5.3 STREET ADDRESS	3010 E Forest Lakes Dr.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, CHARLES	6.2 NAME	Ron Skipper
STREET ADDRESS	3260 E FOREST LAKE DR	6.3 STREET ADDRESS	3415 W Forest Lakes Circle
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota, FL 34232

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. William Aipperbach
1.3 STREET ADDRESS	2810 E Forest Lakes Dr.
1.4 CITY-ST-ZIP	Sarasota, FL 34232
2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Colleen Thayer
2.3 STREET ADDRESS	2907 Pony Lane
2.4 CITY-ST-ZIP	Sarasota, FL 34232
3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anne Windom
3.3 STREET ADDRESS	3017 Pony Lane
3.4 CITY-ST-ZIP	Sarasota, FL 34232
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Karée Valek
4.3 STREET ADDRESS	2919 Pony Lane
4.4 CITY-ST-ZIP	Sarasota FL 34232
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ray Thornhill
5.3 STREET ADDRESS	3010 E Forest Lakes Dr.
5.4 CITY-ST-ZIP	Sarasota, FL 34232
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ron Skipper
6.3 STREET ADDRESS	3415 W Forest Lakes Circle
6.4 CITY-ST-ZIP	Sarasota, FL 34232

14. I 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, with all other like empowered.

SIGNATURE: *Karée Valek* **Karée Valek, Treas.** DATE: **1/27/99** (941)921-6046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)