

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90076 011 \*\*\*\*61.25

**DOCUMENT # N05273**

1. Entity Name  
 Old Forest Lakes Association, Inc.

Principal Place of Business: 2919 Pony Lane, Sarasota, FL 34232  
 Mailing Address: 2919 Pony Lane, Sarasota, FL 34232

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: **65-0094327**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

Applied For:  Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 David M. Mitchell  
 219 S. Orange Ave.  
 Sarasota, FL 33577

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE: President	NAME: <del>Charles W. Nixon, Jr. M.D.</del>	STREET ADDRESS: Anne Windom	DELETE: <input checked="" type="checkbox"/>
TITLE: Secretary	NAME: Colleen Thayer	STREET ADDRESS: 2907 Pony Lane, Sarasota, FL 34232	DELETE: <input type="checkbox"/>
TITLE: Treasurer	NAME: Kare'e Valek	STREET ADDRESS: 2919 Pony Lane, Sarasota, FL 34232	DELETE: <input type="checkbox"/>
TITLE: Vice President	NAME: <del>Michelle Messick</del> Bill Appersbach	STREET ADDRESS: 2810 E. Forest Lake Dr, Sarasota, FL 34232	DELETE: <input checked="" type="checkbox"/>
TITLE: Director	NAME: Ray Thornhill	STREET ADDRESS: 300 East Forest Lakes Drive, Sarasota, FL 34232	DELETE: <input type="checkbox"/>
TITLE: Director	NAME: Ron Skipper	STREET ADDRESS: 3415 West Forest Lakes Circle, Sarasota, FL 34232	DELETE: <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President	NAME: Charles W. Nixon, Jr. M.D.	CHANGE: <input type="checkbox"/>	ADDITION: <input checked="" type="checkbox"/>		
TITLE: Director	NAME: Guy Azar	STREET ADDRESS: 3213 West Forest Lake Drive, Sarasota, FL 34232	CHANGE: <input type="checkbox"/>	ADDITION: <input checked="" type="checkbox"/>	
TITLE: Director	NAME: Alvin Wilhelm	STREET ADDRESS: 3211 East Forest Lake Drive, Sarasota, FL 34232	CHANGE: <input type="checkbox"/>	ADDITION: <input checked="" type="checkbox"/>	
TITLE: Vice President	NAME: Michelle Messick	STREET ADDRESS: 3441 East Forest Lakes Drive, Sarasota, FL 34232	CHANGE: <input type="checkbox"/>	ADDITION: <input checked="" type="checkbox"/>	
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	CHANGE: <input type="checkbox"/>	ADDITION: <input checked="" type="checkbox"/>
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	CHANGE: <input type="checkbox"/>	ADDITION: <input checked="" type="checkbox"/>

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Kare'e Valek TREASURER DATE: 4/19/00 (941) 921-6046

CR2E037 (9/99)