2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90033 039 ****61.25

DOCUMENT # N05273

1. Entity Name

OLD FOREST LAKES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2919 PONY LANE SARASOTA FL 34232 US	2919 PONY LANE SARASOTA FL 34232 US

DO NOT WRITE IN THIS SPACE

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 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITCHELL, DAVID M. 219 S. ORANGE AVENUE SARASOTA FL 33577	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 David M. Mitchell — 4/28/01

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

FILE NOW: FEE IS $61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NIXON, CHARLES W M.D.	NAME	
STREET ADDRESS	2810 E FOREST LAKES DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THAYER, COLLEEN	NAME	
STREET ADDRESS	2907 PONY LANE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
TITLE	P ☒ Delete	TITLE	Treasurer ☐ Change ☒ Addition
NAME	WINDOM, ANNE	NAME	Karée Valek
STREET ADDRESS	3017 PONY LANE	STREET ADDRESS	2919 Pony Lane
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILHELM, ALVIN	NAME	
STREET ADDRESS	3211 EAST FOREST LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THORNHILL, RAY	NAME	
STREET ADDRESS	3010 E FOREST LAKES DR.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	SKIPPER, RON	NAME	Michelle Messick
STREET ADDRESS	3415 W FOREST LAKES CIRCLE	STREET ADDRESS	3441 E Forest Lakes Dr.
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	Sarasota, FL 34232

CR2E037 (10/00)

12. 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 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: Karee J. Valek — Karee J. Valek — 2/4/01 — (941) 921-6046

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