
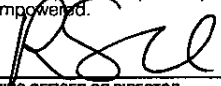


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90305 031 ****61.25

DOCUMENT # N05273			
1. Entity Name OLD FOREST LAKES ASSOCIATION, INC.			
Principal Place of Business 2919 PONY LANE SARASOTA FL 34232 US		Mailing Address 3535 WEST FOREST LAKE DR SARASOTA FL 34232 US	
2. Principal Place of Business		3. Mailing Address 3311 W Forest Lake Cir.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Sarasota FL	
Zip	Country	Zip	Country
		34232	
4. FEI Number 65-0094327		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MITCHELL, DAVID M. 22 S. LINKS AVE #300 SARASOTA FL 34236		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORMAN, MIKE	NAME	
STREET ADDRESS	3311 W. FOREST LAKE DR.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAVILL, PHILLIP	NAME	John Wilkes
STREET ADDRESS	3311 W. FOREST LAKE DR.	STREET ADDRESS	3019 E. Forest Lakes Dr.
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	Sarasota FL 34232
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, CATHY	NAME	Rebecca Tavill
STREET ADDRESS	3535 W. FOREST LAKE DR.	STREET ADDRESS	3311 W. Forest Lake Circle
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	Sarasota FL 34232
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, LISA	NAME	Mark Kapusta
STREET ADDRESS	3311 W. FOREST LAKE DR.	STREET ADDRESS	3821 W Forest Lake Dr.
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	Sarasota FL 34232
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, DAVID DR	NAME	
STREET ADDRESS	3025 W. FOREST LAKE DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRAD	NAME	
STREET ADDRESS	3215 PONY LANE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rebecca Tavill 		Date	Daytime Phone #
		4/26/04	941 921 9653