


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90105 010 \*\*\*\*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**      **3535 WEST FOREST LAKE DR  
SARASOTA FL 34232  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

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**  
**MITCHELL, DAVID M.**  
**22 S. LINKS AVE #300**  
**SARASOTA FL 34236**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NIXON, CHARLES W M.D.</b>	
STREET ADDRESS	<b>2810 E FOREST LAKES DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DOMAN, MIKE</b>	
STREET ADDRESS	<b>3223 W. FOREST LAKES CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAN, CATHY</b>	<b>OK</b>
STREET ADDRESS	<b>3535 W. FOREST LAKE DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TAVILL, REBECCA</b>	
STREET ADDRESS	<b>3311 W. FOREST LAKE DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOBLEY, DAVID DR</b>	<b>OK</b>
STREET ADDRESS	<b>3025 W. FOREST LAKE DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, BRAD</b>	<b>OK</b>
STREET ADDRESS	<b>3215 PONY LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dorman, Mike</b>	
STREET ADDRESS	<b>3223 W Forest Lake Cr</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAVILL, Phillip</b>	
STREET ADDRESS	<b>3311 W Forest Lk Dr</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Herring, LISA</b>	
STREET ADDRESS	<b>3421 E. Forest Lk Dr</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
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)(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: **CATHY NORMAN** (941) 327-03 356-3747

CR2E037 (10/02)