## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16401

FILED Jul 08, 2005 Secretary of State

Entity Name: STAR LAKE FOREST ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 277 STAR LAKE DR. HAWTHORNE, FL 32640 US **Current Mailing Address: New Mailing Address:** P.O.BOX 2031 HAWTHORNE, FL 326402031 FEI Number: 59-3223583 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCNEAL, DONALD R 100 PAT'S POINT CT. HAWTHORNE, FL 32640 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCNEAL, DONALD R Name: Name: 100 PAT'S POINT CT. Address: Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: Title: VPD Title: VPD () Delete (X) Change ( ) Addition DAME, MARIE Name: LAPE, JANICE Name: Address: 110 PAT'S POINT CT. Address: 251 STAR LAKE DR. City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: HAWTHORNE, FL 32640 Title: () Delete Title: TD (X) Change ( ) Addition ROBBINS, SUNNIE BOYER, ED Name: Name: 266 BLUE LAKE DR. Address: Address: 171 STAR LAKE DRIVE City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: HAWTHORNE, FL 32640 Title: SD () Delete Title: () Change () Addition Name: PAQUIN, RONALD Name: Address: 271 STAR LAKE DR. Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition GOLDEN, JOANNE Name: Name: MICHALAK, DAVID 295 STAR LAKE DR. 104 S. STAR LAKE DR. Address: Address: City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R. MC NEAL PD 07/08/2005