

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16401

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: STAR LAKE FOREST ASSOCIATION, INC.

## Current Principal Place of Business:

277 STAR LAKE DR.  
HAWTHORNE, FL 32640 US

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 2031  
HAWTHORNE, FL 326402031

## New Mailing Address:

FEI Number: 59-3223583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCNEAL, DONALD R  
100 PAT'S POINT CT.  
HAWTHORNE, FL 32640 US

## Name and Address of New Registered Agent:

HUGHES, RICHARD  
102 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: RICHARD HUGHES

04/28/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCNEAL, DONALD R  
Address: 100 PAT'S POINT CT.  
City-St-Zip: HAWTHORNE, FL 32640

Title: VPD ( ) Delete  
Name: LAPE, JANICE  
Address: 251 STAR LAKE DR.  
City-St-Zip: HAWTHORNE, FL 32640

Title: TD ( ) Delete  
Name: BOYER, ED  
Address: 171 STAR LAKE DRIVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: SD ( ) Delete  
Name: PAQUIN, RONALD  
Address: 271 STAR LAKE DR.  
City-St-Zip: HAWTHORNE, FL 32640

Title: SD ( ) Delete  
Name: MICHALAK, DAVID  
Address: 104 S. STAR LAKE DR.  
City-St-Zip: HAWTHORNE, FL 32640

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HUGHES, RICHARD  
Address: 102 PAT'S POINT CT.  
City-St-Zip: HAWTHORNE, FL 32640

Title: VPD (X) Change ( ) Addition  
Name: WERNER, DAVID  
Address: 207 RILEY LAKE DR.  
City-St-Zip: HAWTHORNE, FL 32640

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: LAPE, JANICE  
Address: 251 STAR LAKE DR.  
City-St-Zip: HAWTHORNE, FL 32640

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID MICHALAK

SD

04/28/2006

Electronic Signature of Signing Officer or Director

Date