

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 24, 2007 8:00 am
Secretary of State

05-01-2007 90011 015 ****61.25

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DOCUMENT # N16401 1. Entity Name STAR LAKE FOREST ASSOCIATION, INC.			
Principal Place of Business 277 STAR LAKE DR. HAWTHORNE FL 32640 US		Mailing Address P.O. BOX 2031 HAWTHORNE FL 32640-2031	
2. Principal Place of Business - No P.O. Box # 171 STAR LAKE DR		3. Mailing Address P.O. Box 2031	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State HAWTHORNE		City & State HAWTHORNE, FL	
Zip 32640		Country PUTNAM	
4. FEI Number 59-3223583		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUGHES, RICHARD 102 PAT'S POINT CT. HAWTHORNE FL 32640		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 _____ Signature, typed or printed name of registered agent and title is required. (NOTE: Registered Agent signature required when terminating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME HUGHES, RICHARD	☐ Change ☐ Addition	
STREET ADDRESS 102 PAT'S POINT CT.	CITY-STATE-ZIP HAWTHORNE FL 32640	☐ Delete	
TITLE VPD	NAME WERNER, DAVID	☐ Change ☐ Addition	
STREET ADDRESS 207 RILEY LAKE DR.	CITY-STATE-ZIP HAWTHORNE FL 32640	☐ Delete	
TITLE TD	NAME BOYER, ED	☐ Change ☐ Addition	
STREET ADDRESS 171 STAR LAKE DRIVE	CITY-STATE-ZIP HAWTHORNE FL 32640	☐ Delete	
TITLE SD	NAME LAPE, JANICE	☒ Change ☐ Addition	
STREET ADDRESS 251 STAR LAKE DR.	CITY-STATE-ZIP HAWTHORNE FL 32640	☒ Delete	
TITLE SD	NAME MICHALAK, DAVID	☒ Change ☐ Addition	
STREET ADDRESS 104 S. STAR LAKE DR.	CITY-STATE-ZIP HAWTHORNE FL 32640	☒ Delete	
TITLE NAME	STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Ed Boyer</u> E.D. BOYER 5-22-07 352-481-3172	