

FILE NOW: FILING FEE IS \$61.25

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**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18599 (3)

1. Corporation Name
FOREST LAKES OF COCOA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 113 ROSEWOOD DR. COCOA FL 32926 US	Mailing Address 113 ROSEWOOD DR. COCOA FL 32926
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3. Date Incorporated or Qualified 01/05/1987		
4. FEI Number 59-2781715	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STALLINGS, MICHAEL H
121 ROSEWOOD DR
COCOA FL 32926**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRINGER, THOMAS	1.2 NAME	Blanchard Norman
STREET ADDRESS	117 ROSEWOOD DRIVE	1.3 STREET ADDRESS	141 Rosewood Drive
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	Cocoa, FL. 32926
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULEATT, JACK	2.2 NAME	Jack Harmon
STREET ADDRESS	3905 CAMPHOR PLACE	2.3 STREET ADDRESS	182 Rosewood Drive
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	Cocoa, FL. 32926
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STALLINGS, MICHAEL H	3.2 NAME	Burngasjer Rosemary
STREET ADDRESS	121 ROSEWOOD DR	3.3 STREET ADDRESS	301 Buttonwood Ct.
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	Cocoa, FL. 32926
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDBLOOM, JEAN	4.2 NAME	Casdorph Merle
STREET ADDRESS	300 BASSWOOD CT	4.3 STREET ADDRESS	161 Rosewood Drive
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	Cocoa, FL. 32926
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRY, HILBERT	5.2 NAME	Mays Marjorie
STREET ADDRESS	130 FOREST LAKE DR	5.3 STREET ADDRESS	169 Rosewood Drive
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	Cocoa, FL. 32926
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, RAYMOND	6.2 NAME	Clark Victor
STREET ADDRESS	107 ROSEWOOD DR	6.3 STREET ADDRESS	304 Bottlebrush Ct.
CITY-ST-ZIP	COCOA FL	6.4 CITY-ST-ZIP	Cocoa, FL. 32926

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman P Blanchard* *Norman P Blanchard* 2/17/98 407-631-7431

CR2E037 (10/97)