

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90084 029 \*\*\*\*61.25

**DOCUMENT # N18599**

1. Entity Name

**FOREST LAKES OF COCOA CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

113 ROSEWOOD DR.  
 COCOA FL 32926  
 US

113 ROSEWOOD DR.  
 COCOA FL 32926-3153

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2781715**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**HARMON (JACK) ROBERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**182 ROSEWOOD DRIVE**

City  
**COCOA** FL Zip Code  
**32926**

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.

SIGNATURE **ROBERT (JACK) HARMON PRESIDENT** **February 1, 2000**  
Signature, typed or printed name of registered agent and title if applicable. (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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	NAME BLANCHARD, NORMAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 141 ROSEWOOD DRIVE	CITY-ST-ZIP COCOA FL 32926	
TITLE VP	NAME CLARK, VICTOR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 304 BOTTLEBRUSH CRT.	CITY-ST-ZIP COCOA FL 32926	
TITLE D	NAME CASDORPH, MERLE	<input type="checkbox"/> Delete
STREET ADDRESS 121 ROSEWOOD DR	CITY-ST-ZIP COCOA FL 32926	
TITLE TD	NAME FREDBLOOM, JEAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 300 BASSWOOD CT	CITY-ST-ZIP COCOA FL	
TITLE D	NAME CLARK, SMITH	<input type="checkbox"/> Delete
STREET ADDRESS 307 BOTTLEBRUSH CRT.	CITY-ST-ZIP COCOA FL 32926	
TITLE D	NAME POTTER, RAYMOND	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 107 ROSEWOOD DR	CITY-ST-ZIP COCOA FL	

TITLE D	NAME BISHOP, IRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 187 FOREST LAKE DRIVE	CITY-ST-ZIP COCOA FL 32926	
TITLE VP	NAME BURNGASSER, ROSEMARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 301 BUTTONWOOD COURT	CITY-ST-ZIP COCOA FL 32926	
TITLE TD	NAME BERRY, HILBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 130 FOREST LAKE DRIVE	CITY-ST-ZIP COCOA FL 32926	
TITLE D	NAME KLUEWER, RONALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 185 FOREST LAKE DRIVE	CITY-ST-ZIP COCOA FL 32926	

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: **JACK HARMON** **REQUIRED** **Jan 26/2000 321-631-7431**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)