


**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90172 044 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38969**

1. Corporation Name  
**FOREST LAKES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.**



Principal Place of Business 8642 AMBER OAK COURT ORLANDO FL 32817	Mailing Address 8642 AMBER OAK COURT ORLANDO FL 32817
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified <b>06/29/1990</b>	4. FEI Number <b>59-3030645</b>	Applied For Not Applicable
23. Certificate of Status Desired	24. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent <b>MAC LEOD, ROBERT E. 8642 AMBER OAK COURT ORLANDO FL 32817</b>	10. Name and Address of New Registered Agent 81 Name <b>DON DUNLAP</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8618 Amber Oak Court</b> 83 <b>Orlando</b> 84 City <b>Orlando</b> FL 85 Zip Code <b>32817</b>
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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: *[Signature]* DATE: **5/17/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	YOUNG, PAULA 8641 AMBER OAK CT ORLANDO FL 32817	1.1 TITLE: PD	President JOE NIXON 4528 Landmark Drive Orlando FL 32817
TITLE: VD	NIXON, JOSEPH 8618 AMBER OAK CT ORLANDO FL 32817	2.1 TITLE: VD	Vice President Paul Widows 8633 Amber oak ct Orlando FL 32817
TITLE: STD	MACLEOD, ROBERT 8642 AMBER OAK COURT ORLANDO FL	3.1 TITLE: TD	Treasurer Don Dunlap 8618 Amber Oak Ct Orlando FL 32817
TITLE:		4.1 TITLE: SD	Secretary Peggy Caccladeve 8609 Amber Oak Ct Orlando FL 32817
TITLE:		5.1 TITLE:	
TITLE:		6.1 TITLE:	

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/26/99 407-458-5907  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)