

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90034 030 ****61.25

DOCUMENT # N38969
 1. Entity Name
 Forest Lakes Homeowners Association of Orlando Inc

Principal Place of Business Mailing Address
 8618 Amber Oak Ct 8618 Amber Oak Ct
 Orlando FL 32817 Orlando FL 32817

2. Principal Place of Business Suite, Apt. #, etc.
 8618 Amber Oak Ct
 3. Mailing Address Suite, Apt. #, etc.
 8618 Amber Oak Ct

DO NOT WRITE IN THIS SPACE

City & State Orlando FL
 Zip 32817 Country
 City & State Orlando FL
 Zip 32817 Country

4. FEI Number 59-3030645 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Don Dunlap
 8618 Amber Oak Court
 Orlando FL 32817

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.

SIGNATURE *Don Dunlap* 5/17/99
 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	
TITLE PD NAME Joe Nixon STREET ADDRESS 4528 Landmark Drive CITY-ST-ZIP Orlando FL 32817	<input type="checkbox"/> Delete
TITLE VD NAME Paul Widows STREET ADDRESS 8633 Amber Oak Ct CITY-ST-ZIP Orlando FL 32817	<input type="checkbox"/> Delete
TITLE TD NAME Don Dunlap STREET ADDRESS 8618 Amber Oak Ct CITY-ST-ZIP Orlando FL 32817	<input type="checkbox"/> Delete
TITLE SD NAME Peggy Cacciabeve STREET ADDRESS 8609 Amber Oak Ct CITY-ST-ZIP Orlando FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Don Dunlap* 9/12/00 407-458-5907
 Signature, typed or printed name of signing officer or director Date Division Phone #

CR2E037 (9/99)