

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91188 015 ****61.25

00123885



DO NOT WRITE IN THIS SPACE

DOCUMENT # N38969

1. Entity Name
FOREST LAKES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.

Principal Place of Business: **8618 AMBER OAK COURT ORLANDO FL 32817**
 Mailing Address: **8618 AMBER OAK COURT ORLANDO FL 32817**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

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
DUNLAP, DON
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: _____ (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: NIXON, JOE STREET ADDRESS: 4528 LANDMARK DR CITY-ST-ZIP: ORLANDO FL 32817	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: WIDOWS, PAUL STREET ADDRESS: 8633 AMBER OAK CT CITY-ST-ZIP: ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE: TD NAME: DUNLAP, DON STREET ADDRESS: 8618 AMBER OAK CT CITY-ST-ZIP: ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE: SD NAME: CACCIABEVE, PEGGY 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: PD NAME: Don Dunlap STREET ADDRESS: 8618 Amber Oak Ct CITY-ST-ZIP: Orlando FL 32817	<input checked="" 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* **SIGNATURE REQUIRED** **5/31/02** **907-678-3405**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)