


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N38969
 1. Entity Name
FOREST LAKES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.



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



02202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WIDOWS, PAUL
STREET ADDRESS	8633 AMBER OAK CT
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	TD
NAME	DUNLAP, DON
STREET ADDRESS	8618 AMBER OAK CT
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	SD
NAME	CACCIABEVE, PEGGY
STREET ADDRESS	8609 AMBER OAK CT
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/25/05-80048-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Treasurer 2/19/05 407-678-3405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #