

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38969

FILED
Mar 15, 2007
Secretary of State

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

Current Principal Place of Business:

8618 AMBER OAK COURT
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

8618 AMBER OAK COURT
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-3030645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNLAP, DON
8618 AMBER OAK COURT
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WIDOWS, PAUL
Address: 8633 AMBER OAK CT
City-St-Zip: ORLANDO, FL 32817

Title: TD () Delete
Name: DUNLAP, DON
Address: 8618 AMBER OAK CT
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: CACCIABEVE, PEGGY
Address: 8609 AMBER OAK CT
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON DUNLAP

TD

03/15/2007

Electronic Signature of Signing Officer or Director

_____ Date