

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90073 030 \*\*\*\*61.25

**DOCUMENT # N39956**

1. Entity Name  
**FOREST LAKE ADDITION HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**7215 MORNING DOVE LOOP W.  
LAKELAND, FL 33809**

Mailing Address  
**7215 MORNING DOVE LOOP W.  
LAKELAND, FL 33809**

400000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3439595**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CESERE, KATHLEEN A  
1509 MORNING DOVE LOOP N.  
LAKELAND, FL 33809**

7. Name and Address of New Registered Agent

Name  
**DAVID L. BEIERLE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7114 MORNING DOVE LP E.**  
City  
**LAKELAND** FL Zip Code  
**33809**

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

*David L. Beierle*

4-7-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DAVID J	
STREET ADDRESS	1502 MORNING DOVE LOOP, NORTH	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRADSHAW, JEFFERY	
STREET ADDRESS	7206 MORNING DOVE LOOP W.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALBRITTON, VIRGINIA	
STREET ADDRESS	7017 MORNING DOVE LOOP, N.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CESERE, KATLEEN A	
STREET ADDRESS	1509 MORNING DOVE LOOP NORTH	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	MALD	<input checked="" type="checkbox"/> Delete
NAME	LANGLEY, HAROLD	
STREET ADDRESS	1516 MORNING DOVE LOOP, NORTH	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL WRIGHT	
STREET ADDRESS	7019 MORNING DOVE LP E.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL COBB	
STREET ADDRESS	1625 MORNING DOVE LP N	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID DUMONT	
STREET ADDRESS	7102 MORNING DOVE CRL.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE BEIERLE	
STREET ADDRESS	7114 MORNING DOVE LP E	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	MALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY MITCHELL	
STREET ADDRESS	7203 MORNING DOVE LP E.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*David L. Beierle*

4-7-06

863.858-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #