

FILE NOW: FILING FEE IS \$61.25

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May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001988 (2)  
1. Corporation Name  
FOREST LAKE SOCIAL CLUB, INC.



Principal Place of Business Mailing Address  
6355 SPRING LAKE CIRCLE ZEPHYRHILLS FL 33540  
6355 SPRING LAKE CIRCLE ZEPHYRHILLS FL 33540

3. Date Incorporated or Qualified  
04/09/1996  
4. FEI Number  
59-3143131  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
MASON, BARBARA J  
6355 SPRING LAKE CIRCLE  
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent  
81 Name  
BETTY MILLER  
82 Street Address (P.O. Box Number is Not Acceptable)  
5859 Naples Dr.  
Zephyrhills  
83  
84 City  
FL 85 Zip Code  
33540

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Betty Miller, VP *Betty J. Miller* 4/9/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JANET	
STREET ADDRESS	6143 FOREST LAKE DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WARD, DAN	
STREET ADDRESS	5936 UTOPIA DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NAYLOR, MARION	
STREET ADDRESS	6233 TWILIGHT DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DE JONG, ALEC	
STREET ADDRESS	5854 NAPLES DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAYNES, EMILY	
STREET ADDRESS	6255 TWILIGHT DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harold Peattie	
1.3 STREET ADDRESS	6335 Forest Lake Dr.	
1.4 CITY-ST-ZIP	Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP	
2.2 NAME	Betty Miller	
2.3 STREET ADDRESS	5859 Naples Dr.	
2.4 CITY-ST-ZIP	Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	S	
3.2 NAME	Nancy Matthews	
3.3 STREET ADDRESS	5833 Naples Dr.	
3.4 CITY-ST-ZIP	Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	T	
4.2 NAME	Marcella Watson	
4.3 STREET ADDRESS	6406 Utopia	
4.4 CITY-ST-ZIP	Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	
5.2 NAME	Claire McGhee	
5.3 STREET ADDRESS	5648 Viau Way	
5.4 CITY-ST-ZIP	Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	
6.2 NAME	Frances Hart	
6.3 STREET ADDRESS	5861 Naples DR.	
6.4 CITY-ST-ZIP	Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *B. J. Miller* *B. J. Miller* 4/9/98 (813) 788-1030

CR2E037 (10/97)