## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 16, 2004 8:00 am Secretary of State DOCUMENT # N99000002856 1. Entity Name 03-16-2004 90040 011 \*\*\*\*61.25 FOREST LAKE ESTATES CO-OP, INC. Principal Place of Business Mailing Address 6429 FOREST LAKE DR. ZEPHYRHILLS FL 33540 6429 FOREST LAKE DR. ZEPHYRHILLS FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-3172338 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERNSTEIN, DAVID S ESQ Street Address (P.O. Box Number is Not Acceptable) 150 SECOND AVENUE NORTH, 17TH FLOOR ST PETERSBURG FL 33701 Zip Code City 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS secretary ☐ Change X Addition ☐ Delete DITE TITLE Matthews, Nancy 6243 Spring Lake Cir Zephyrhills F1 33540 WARD, DANIEL J NAME NAME 5936 UTOPIA DR STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY - ST - ZIP CITY-ST-7IP Tréasurer ☐ Delete TITLE 🗂 Change X Addition TITLE MCGINNIS, RUSSELL P Hcknight, Jack 5853 Waples NAME NAME 5231 VIAU WAY STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-7IP Zephryhills Change ☐ Addition Delete TITLE SNOWDEN, VICTOR ---NAME NAME 6014 FOREST LAKE DR STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE CULLIFORD, BEVERLY A NAME NAME 6213 SPRING LAKE CIRCLE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITI F 🔀 Delete TITLE HATCH, JOHN NAME NAME 6319 PRESIDENT CIR. STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete HUMPHREY, ROBERT NAME NAME 6351 JESSUP STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP 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.

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