2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am Secretary of State DOCUMENT # N99000002856 1. Entity Name 03-21-2006 90011 035 ****61.25 FOREST LAKE ESTATES CO-OP, INC. Principal Place of Business Mailing Address 6429 FOREST LAKE DR. 6429 FOREST LAKE DR. ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 2. Principal Place of Business 3. Mailing Address Suite: Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3172338 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNSTEIN, DAVID S ESO Street Address (P.O. Box Number is Not Acceptable) 150 SECOND AVENUE NORTH, 17TH FLOOR ST PETERSBURG FL 33701 أمهي City Zip Code 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 of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VΡ David Mercer TITLE ☐ Delete TITLE ☐ Change **Addition** WARD, DANIEL J 6127 Utopia Zophyrhills, NAME NAME 5936 UTOPIA DR STREET ADDRESS STREET ADDRESS FL 33540 ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME MCGINNIS, RUSSELL P NAME 5231 VIAU WAY STRUET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP Connie McComos TITLE ☐ Delete TITLE MATTHEWS, NANCY NAME NAME 5901 Twilight Lephyrhills, FL 33540 STREET ADDRESS 6243 SPRING LAKE CIR STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME CULLIFORD, BEVERLY A NAME STREET ADDRESS 6213 SPRING LAKE CIRCLE STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change MCKNIGHT, JACK NAME NAME 5853 NAPLES STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Delete ☐ Change ☐ Addition HUMPHREY, ROBERT NAME NAME STREET ADDRESS 6351 JESSUP STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-7IP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

There Normy Sue Matthews 3/23/04