
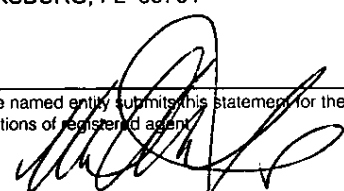


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90009 047 ****61.25

DOCUMENT # N99000002856					
1. Entity Name FOREST LAKE ESTATES CO-OP, INC.					
Principal Place of Business 6429 FOREST LAKE DR. ZEPHYRHILLS, FL 33540			Mailing Address 6429 FOREST LAKE DR. ZEPHYRHILLS, FL 33540		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3172338	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BERNSTEIN, DAVID S ESQ 150 SECOND AVENUE NORTH, 17TH FLOOR ST PETERSBURG, FL 33701				Name <u>Michael Allweiss Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>One Progress Plaza</u> <u>Suite 810</u> City <u>St. Petersburg</u> FL Zip Code <u>33701</u>	
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  <div style="float: right; text-align: right;"> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME WARD, DANIEL J STREET ADDRESS 5936 UTOPIA DR CITY - ST - ZIP ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete		TITLE D NAME David Mercer STREET ADDRESS 6127 Utopia Dr CITY - ST - ZIP Zephyrhills FL 33540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MCGINNIS, RUSSELL P STREET ADDRESS 5231 VIAU WAY CITY - ST - ZIP ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete		TITLE D NAME Constance Melomas STREET ADDRESS 5901 Twilight Dr CITY - ST - ZIP Zephyrhills FL 33540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME MATTHEWS, NANCY STREET ADDRESS 6243 SPRING LAKE CIR CITY - ST - ZIP ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete		TITLE D NAME Robert Rawlins STREET ADDRESS 6014 Presidential Circle CITY - ST - ZIP Zephyrhills FL 33540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME CULLIFORD, BEVERLY A STREET ADDRESS 6213 SPRING LAKE CIRCLE CITY - ST - ZIP ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MCKNIGHT, JACK STREET ADDRESS 5853 NAPLES CITY - ST - ZIP ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HUMPHREY, ROBERT STREET ADDRESS 6351 JESSUP CITY - ST - ZIP ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Nancy Sue Matthews, Nancy S. Matthews</u> 3/29/07 (813) 779-9099 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40048828



03072007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

\$8.75 Additional Fee Required

Name Michael Allweiss Esq.
 Street Address (P.O. Box Number is Not Acceptable) One Progress Plaza
Suite 810
 City St. Petersburg FL Zip Code 33701

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

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SIGNATURE: Nancy Sue Matthews, Nancy S. Matthews 3/29/07 (813) 779-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #