

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90053 035 ****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.

02192008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3172338

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLWEISS, MICHAEL ESQ
ONE PROGRESS PLAZA
ST PETERSBURG, FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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, 2008**

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

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 ☐ Delete

TITLE D
NAME David Mercer
STREET ADDRESS 6127 Utopia Dr
CITY-ST-ZIP Zephyrhills, Fl 33540 ☐ Change ☒ Addition

TITLE D
NAME MCGINNIS, RUSSELL P
STREET ADDRESS 5231 VIAU WAY
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☐ Delete

TITLE D
NAME Robert Rawlins
STREET ADDRESS 6104 Presidential
CITY-ST-ZIP Zephyrhills Fl 33540 ☐ Change ☒ Addition

TITLE S
NAME MATTHEWS, NANCY
STREET ADDRESS 6243 SPRING LAKE CIR
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☐ Delete

TITLE D
NAME Charles Krupke
STREET ADDRESS 6227 Jessup Dr
CITY-ST-ZIP Zephyrhills Fl 33540 ☐ Change ☒ Addition

TITLE P
NAME CULLIFORD, BEVERLY A
STREET ADDRESS 6213 SPRING LAKE CIRCLE
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME MCKNIGHT, JACK
STREET ADDRESS 5853 NAPLES
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HUMPHREY, ROBERT
STREET ADDRESS 6351 JESSUP
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Nancy Sue Matthews, Nancy Sue Matthews 2/20/08 (813) 779-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #