2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N99000002856

Entity Name: FOREST LAKE ESTATES CO-OP, INC.

Current Principal Place of Business:

6429 FOREST LAKE DR.
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

6429 FOREST LAKE DR.
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 59-3172338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: WARD, DANIEL J
Address: 5936 UTOPIA DR
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D ( ) Delete
Name: MCGINNIS, RUSSELL P
Address: 5231 VIAU WAY
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: S ( ) Delete
Name: MATTHEWS, NANCY
Address: 6243 SPRING LAKE CIR
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: P ( ) Delete
Name: CULLIFORD, BEVERLY A
Address: 6213 SPRING LAKE CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: T ( ) Delete
Name: MCKNIGHT, JACK
Address: 5853 NAPLES
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D ( ) Delete
Name: HUMPHREY, ROBERT
Address: 6351 JESSUP
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY MATTHEWS S 03/05/2009

Electronic Signature of Signing Officer or Director — Date