

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018098 (2)

1. Corporation Name

FOREST LAKE ESTATES HOMEOWNERS ASSOCIATION 1993,
INC.

Principal Place of Business

C/O K.D. LUMSDEN
41037 BREAM CR.
ZEPHYRHILLS FL 33540

Mailing Address

C/O K.D. LUMSDEN
41037 BREAM CR.
ZEPHYRHILLS FL 33540-7541



2. Principal Place of Business

21 % GLORIAL MOORE

Suite, Apt. #, etc.

22 5649 VIAU WAY

City & State

23 ZEPHYRHILLS FL

Zip

24 33540

Country

25 U.S.A.

2a. Mailing Address

26 BOX 309

Suite, Apt. #, etc.

27 6149 SPRING LAKE CIRCLE

City & State

28 ZEPHYRHILLS FL

Zip

29 33540

Country

30 U.S.A.

3. Date Incorporated or Qualified

03/02/1993

3a. Date of Last Report

02/02/1996

4. FEI Number

59-3172328

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUMSDEN, K. D
41037 BREAM CR.
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name

MOORE, GLORIAL

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

5649 VIAU WAY

83

84 City

ZEPHYRHILLS

FL

85 Zip Code

33540

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Glorial Moore

GLORIAL MOORE VICE PRESIDENT

1/14/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LANDRY, DARA
STREET ADDRESS 6049 SPRING LAKE CR.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE V ☒ DELETE

NAME DUBE, LUCIEN
STREET ADDRESS 5904 UTOPIA DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE T ☒ DELETE

NAME LUMSDEN, K D
STREET ADDRESS 41037 BREAM CR.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE S ☐ DELETE

NAME MARCELLA, DONNA
STREET ADDRESS 6125 JESSUP DR.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE D ☐ DELETE

NAME WACKERLE, LORN
STREET ADDRESS 6021 FOREST LAKE DR.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE D ☒ DELETE

NAME SIPE, JOAN
STREET ADDRESS 6037 SPRING LAKE CIRCLE
CITY-ST-ZIP ZEPHYRHILLS FL 33540

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MOORE, GLORIAL

2.3 STREET ADDRESS 5649 VIAU WAY

2.4 CITY-ST-ZIP ZEPHYRHILLS FL 33540

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SNOWDEN, VICTOR

3.3 STREET ADDRESS 6014 FOREST LAKE DRIVE

3.4 CITY-ST-ZIP ZEPHYRHILLS FL 33540

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME HEWES, VERN

6.3 STREET ADDRESS 6418 JESSUP DRIVE

6.4 CITY-ST-ZIP ZEPHYRHILLS FL 33540

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Glorial Moore

GLORIAL MOORE 1/14/97 (813) 788-4025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)