

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000018098

1. Corporation Name

FOREST LAKE ESTATES HOMEOWNERS ASSOCIATION 1993,  
INC.

Principal Place of Business

%GLORIAL MOORE  
5649 VIAU WAY  
ZEPHYRHILLS FL 33540  
US

Mailing Address

P.O. BOX 309  
6149 SPRING LAKE CIR.  
ZEPHYRHILLS FL 33540  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MOORE, GLORIAL  
5649 VIAU WAY  
ZEPHYRHILLS FL 33540

3. Date Incorporated or Qualified

03/02/1993

4. FEI Number

59-3172328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 IRVING, EDGAR C  
STREET ADDRESS 6233 PRESIDENTIAL CIR  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE V ☐ DELETE

NAME MCGINNIS, RUSSEL  
STREET ADDRESS 5731 VUAY WAT  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE T ☐ DELETE

NAME RACZKOWSKI, RICK  
STREET ADDRESS 6410 UTOPIA DR  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE S ☒ DELETE

NAME PARRY, JACK  
STREET ADDRESS 6103 FOREST LAKE DR  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE D ☐ DELETE

NAME WARD, DAN  
STREET ADDRESS 5936 UTOPIA DR  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE D ☐ DELETE

NAME DAVIS, JIM  
STREET ADDRESS 5741 VIAU WAY  
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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SECRETARY  
BEVERLY CULFORD.  
SPRING LAKE CIR.  
ZEPHYRHILLS FL 33540

14. I 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 in an attachment with an address, with all other like empowered.

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90072 032 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)