

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90125 016 ***150.00

DOCUMENT # S56819

1. Corporation Name

FOREST LAKE VILLAGE, INC.

Principal Place of Business

6429 FOREST LAKE DRIVE
ZEPHYRHILLS FL 33540

Mailing Address

6429 FOREST LAKE DRIVE
ZEPHYRHILLS FL 33540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1991

4. FEI Number

59-3070340

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

2. Principal Place of Business

21 39 TREASURE Circle

2a. Mailing Address

26 39 -TREASURE Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SEBASTIAN FLA

City & State

28 SEBASTIAN FLA

Zip

24 32958

Country

25 USA

Zip

29 32958

Country

30 USA

9. Name and Address of Current Registered Agent

PAQUETTE, CHRISTIAN
9901 DAVIS STREET
TAMPA FL 33534

10. Name and Address of New Registered Agent

81 Name

PAQUETTE, PIERRE

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

39 TREASURE Circle

83

84 City SEBASTIAN

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

PIERRE PAQUETTE

4-30-99

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 DVS ☐ DELETE

NAME PAQUETTE, CHRISTIAN
STREET ADDRESS 6429 FOREST LAKE DR.
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE DP ☐ DELETE

NAME VIAV, HENRI
STREET ADDRESS 8508 MAGNOLIA DR.
CITY-ST-ZIP GIBSONTON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTIAN PAQUETTE

Date

4/30/99

Daytime Phone #

561-589-8665

CR2E034 (1/98)