2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90123 040 ****70.00

DOCUMENT # 729781

1. Entity Name
FORESTBROOK I ASSOCIATION, INC.

24083661

Principal Place of Business	Mailing Address
700 STARKEY ROAD LARGO, FL 33771 US	700 STARKEY ROAD LARGO, FL 33771 US

07072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1763274 ☐ Applied For ☐ Not Applicable

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
FOSTER, LAWRENCE K 700 STARKEY RD. #612 LARGO, FL 33771	Name: MICHAEL J. TROSCHINETZ Street Address (P.O. Box Number is Not Acceptable): 700 STARKEY RD #911 City: LARGO FL Zip Code: 3377

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: Michael J Troschinetz PRES Michael J. Troschinetz 8-5-04
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 September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TROSCHINETZ, MICHAEL 700 STARKEY ROAD, #911 LARGO, FL 33771	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U.D WENDY THOMAS 700 STARKEY RD #721 LARGO FL 33771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, STEPHEN P 700 STARKEY RD. #412 LARGO, FL 33771	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENE BOBELO 700 STARKEY #512 LARGO, FL 33771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PAUL, SHARON 700 STARKEY RD. #821 LARGO, FL 33771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOSTER, KENT 700 STARKEY RD. #612 LARGO, FL 33771	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MICHAEL J. TROSCHINETZ 700 STARKEY RD # 911 LARGO, FL. 33771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AXTELL, CHARLENE 700 STARKEY RD. #713 LARGO, FL 33771	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JAMES T. BALLATT 700 STARKEY RD # 613 LARGO, FL. 33771	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemption stated in Section 119.07(3)(i), 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: Michael J Troschinetz 8-5-04 727/479-1643X 15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL J. TROSCHINETZ