FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:29

DOCUMENT # 748972 (7)

1. Corporation Name
FOREST PARK III PROPERTY OWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
PO BOX 602 ARCHER FL 32618 US	6 ROBERTA CT PO BOX 602 ARCHER FL 32618 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1979
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2087158 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HESTER, CRIS
6 ROBERTA CT
ARCHER FL 32618

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	SD	☐ Change ☒ Addition
NAME	HUTCHERSON, KATIE	12 NAME	KATHY NELSON	
STREET ADDRESS	PO BOX 1066 NA	13 STREET ADDRESS	P.O. BOX 784 N.A	
CITY-ST-ZIP	BRONSON FL	14 CITY-ST-ZIP	ARCHER, FL 32618	
TITLE	TD	21 TITLE		☐ Change ☒ Addition
NAME	SHARPE, DIANA	22 NAME		
STREET ADDRESS	1204 BONNIE RD	23 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL	24 CITY-ST-ZIP	32618	
TITLE	VD	31 TITLE	VD	☐ Change ☒ Addition
NAME	GRAHAM, BRIAN	32 NAME	STEVE SHARPE	
STREET ADDRESS	37 AMELIA DR	33 STREET ADDRESS	1204 BONNIE RD.	
CITY-ST-ZIP	ARCHER FL	34 CITY-ST-ZIP	ARCHER FL 32618	
TITLE	PD	41 TITLE		☒ Change ☐ Addition
NAME	HESTE, CRIS	42 NAME	Hester	
STREET ADDRESS	6 ROBERTA CT	43 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL	44 CITY-ST-ZIP	32618	
TITLE	D	51 TITLE		☐ Change ☒ Addition
NAME	ANDERSON, ART	52 NAME		
STREET ADDRESS	28 JANE DR	53 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL	54 CITY-ST-ZIP	32618	
TITLE		61 TITLE		☐ Change ☒ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cris Hester 2-19-95 (904) 392-9276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cris Hester

0020975