FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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	~~10550 NE 128TH LANE~~ PO BOX 602 ARCHER FL 32618-0602 US

3. Date Incorporated or Qualified: **09/19/1979**
3a. Date of Last Report: **03/07/1996**

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

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

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

9. Name and Address of Current Registered Agent

HESTER, CRIS
10550 NE 128TH LANE
ARCHER FL 32618

10. Name and Address of New Registered Agent

81 Name: Ronald Shilts
82 Street Address (P.O. Box Number is Not Acceptable): 1 Dartmouth Ct.
83: 12051 NE 108 Terr
84 City: Archer FL 85 Zip Code: 32618

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Ronald Shilts
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	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	NELSON, KATHY		1.2 NAME		
STREET ADDRESS	P O BOX 784 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL		1.4 CITY-ST-ZIP	32618	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	SHARPE, DIANA		2.2 NAME		
STREET ADDRESS	1204 BONNIE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL		2.4 CITY-ST-ZIP	32618	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	TORRES, TERRY		3.2 NAME		
STREET ADDRESS	11350 NE 123RD PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL		3.4 CITY-ST-ZIP	32618	
TITLE	PD	☐ DELETE	4.1 TITLE	SD	☒ Change ☒ Addition
NAME	HESTER, CRIS		4.2 NAME		
STREET ADDRESS	10550 NE 128TH LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL		4.4 CITY-ST-ZIP	32618	
TITLE	D	☒ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME	ANDERSON, ART		5.2 NAME	Ronald Shilts	
STREET ADDRESS	26 JANE DR		5.3 STREET ADDRESS	1 Dartmouth Ct 12051 NE 108th Terr.	
CITY-ST-ZIP	ARCHER FL		5.4 CITY-ST-ZIP	Archer FL 32618	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna Z. Sharpe Donna Z. Sharpe 4/30/97 352-486-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0011463