## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am § Secretary of State DOCUMENT # 748972 1. Entity Name 05-15-2001 90066 033 \*\*\*\*61.25 FOREST PARK III PROPERTY OWNERS' ASSOCIATION. IN Principal Place of Business Mailing Address 18 36 3 PO BOX 602 P.O. BOX 602 ARCHER FL 32618 ARCHER FL 32618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2087158 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES, TERRY Street Address (P.O. Box Number is Not Acceptable) 11350 NW 123RD PLACE 12051 N.W. 108 TERR City Zin Code ARCHER FL 32618 FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Ø TITLE Delete TITLE Change ■ Addition Richten, aurio 6 11450 NE 11th ave RICHTER, DAVID G NAME NAME STREET ADDRESS 11450 NW 111TH AVE STREET ADDRESS archer, 41, 32618 CITY-ST-ZIP ARCHER FL 32618 CITY-ST-ZIP Delete TITLE Change Addition SHARPE, DIANA NAME NAME arthur W. Brown STREET ADDRESS 12790 NW 107TH AVE STREET ADDRESS 12451 NE 1015 C+ CITY-ST-ZIP CITY-ST-ZIP ARCHER FL 32618 32618 TITLE ☐ Delete TITLE Change ☐ Addition TORRES, TERRY NAME NAME STREET ADDRESS 11350 NE 123RD PLACE STREET ADDRESS

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.

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12550 NE 101ST CT

Carl Wicarliste Pl.

archer, Fe. 326/8

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SIGNATURE:

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NAME

ARCHER FL 32618

12550 NE 101ST CT

ARCHER FL 32618

MACKAY, EDWARD

ARCHER FL 32618

11950 NE 111 AVENUE

JENKINS, DRU

Theresa Tonnes

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4/20/01 352-486-6426

Change

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