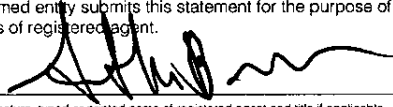
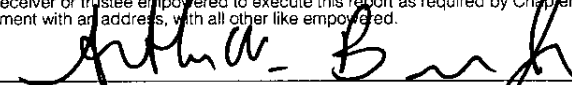


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90018 032 ****61.25

DOCUMENT # 748972 1. Entity Name FOREST PARK III PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 602 ARCHER, FL 32618 US			Mailing Address P.O. BOX 602 ARCHER, FL 32618 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2087158	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BROWN, ARTHUR 12451 101ST CT NE ARCHER, FL 32618				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 4/20/04	
Filing Fee is \$61.25 Due by May 1, 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	D SANDLIN SANDRA, PHIL 11491 NE 111TH AVE ARCHER, FL 32618	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, ARTHUR W 12451 NE 101ST COURT ARCHER, FL 32618	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRONE, JEROME 11497 NE 111TH AVE ARCHER, FL 32618	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ANTONIO SYLVIA JR. 11151 NE 123 PLACE ARCHER FL 32618-6344	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 4/20/04 352-496-0091 Daytime Phone #	