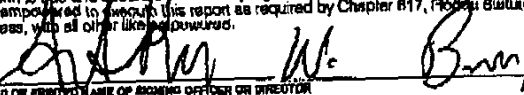


FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90308 023 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent BROWN, ARTHUR 12451 101ST CT NE ARCHER, FL 32618		5. Name and Address of New Registered Agent Name Management Specialists Street Address (P.O. Box Number is Not Acceptable) 4400 NW 30th Avenue City Gainesville State FL Zip Code 32606	
6. 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 I accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4-28-06	
Filing Fee is \$61.25 Due by May 1, 2006		7. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
8. 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-STATE-ZIP	D SANDLIA, PHIL 11491 NE 111TH AVE ARCHER, FL 32618	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BROWN, ARTHUR W 12451 NE 101ST COURT ARCHER, FL 32618	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P SYLVIA, ANTONIO JR 11151 NE 128 PLACE ARCHER, FL 326186344	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T PENKINS, DRU PO BOX 602 ARCHER, FL 32618	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 information.			
SIGNATURE: 		DATE: 352-472-5774	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			