

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91348 038 \*\*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2087158**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRES, TERRY  
11350 NW 123RD PLACE  
12051 N.W. 108 TERR  
ARCHER FL 32618**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**32618**

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

**FILE NOW: FEE IS \$61.25**

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          | <b>P</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GOLDMAN, LINDA</b>        |                                            |
| STREET ADDRESS | <b>11751 NE 111TH AVENUE</b> |                                            |
| CITY-ST-ZIP    | <b>ARCHER FL 32618</b>       |                                            |
| TITLE          | <b>TD</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>BROWN, ARTHUR W</b>       |                                            |
| STREET ADDRESS | <b>12451 NE 101ST COURT</b>  |                                            |
| CITY-ST-ZIP    | <b>ARCHER FL 32618</b>       |                                            |
| TITLE          | <b>SD</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>TORRES, TERRY</b>         |                                            |
| STREET ADDRESS | <b>11350 NE 123RD PLACE</b>  |                                            |
| CITY-ST-ZIP    | <b>ARCHER FL 32618</b>       |                                            |
| TITLE          | <b>VP</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ACCTIRI, VICTOR</b>       |                                            |
| STREET ADDRESS | <b>11551 NE 111TH AVENUE</b> |                                            |
| CITY-ST-ZIP    | <b>ARCHER FL 32618</b>       |                                            |
| TITLE          | <b>VD</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CARLIDE, CARL W</b>       |                                            |
| STREET ADDRESS | <b>10551 NE 131ST PL</b>     |                                            |
| CITY-ST-ZIP    | <b>ARCHER FL 32618</b>       |                                            |
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CHOPIN, DAVID</b>         |                                            |
| STREET ADDRESS | <b>11950 NE 111TH AVENUE</b> |                                            |
| CITY-ST-ZIP    | <b>ARCHER FL 32618</b>       |                                            |

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>Phil Sordhn</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>1149 NE 111th Ave</b> |                                                                              |
| STREET ADDRESS | <b>1149 NE 111th Ave</b> |                                                                              |
| CITY-ST-ZIP    | <b>FL 32618</b>          |                                                                              |
| TITLE          | <b>Director Perrone</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Deanne Perrone</b>    |                                                                              |
| STREET ADDRESS | <b>1149 NE 111th Ave</b> |                                                                              |
| CITY-ST-ZIP    | <b>Archer, FL 32618</b>  |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |

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 REQUIRED**

**4/22/03**

**352-45-0014**

CR2E037 (10/02)