

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90017 024 ****61.25

DOCUMENT # N03000010464

1. Entity Name
FOREST CREEK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

Mailing Address
**5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

50052805



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
20-0451451

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAY MANAGEMENT SRVICE
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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 PD ☒ Delete
NAME JOHNS, KENNETH L JR.
STREET ADDRESS 9456 PHILLIPS HWY., SUITE 1
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE **PID** ☐ Change ☒ Addition
NAME **Darin, William**
STREET ADDRESS **1707 Forest Lake Cir #3**
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE STD ☒ Delete
NAME DOAN, JAN
STREET ADDRESS 9456 PHILLIPS HWY., SUITE 1
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE **VPD** ☐ Change ☒ Addition
NAME **Whitbeck, Robert**
STREET ADDRESS **1714 Forest Lake Cir W. #2**
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE VD ☒ Delete
NAME ZAKOSKE, JOHN
STREET ADDRESS 9456 PHILLIPS HWY., SUITE 1
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE **SD** ☐ Change ☒ Addition
NAME **Rogers, Dee**
STREET ADDRESS **1722 Forest Lake Cir W. #1**
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Anderson, Jim**
STREET ADDRESS **1725 Forest Lake Cir. E #1**
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **FORD, Kathy**
STREET ADDRESS **1719 Forest Lake Cir. W. #1**
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JAMES H. ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/05