2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90063 043 ****70.00

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1. Entity Name
FOREST CREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~5455 A1A SOUTH~~ ~~SAINT AUGUSTINE, FL 32080~~	~~5455 A1A SOUTH~~ ~~SAINT AUGUSTINE, FL 32080~~

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1730 Forest Lake CIR. E.	1730 Forest Lake CIR. E.
Suite, Apt. #, etc.: Unit 1	Suite, Apt. #, etc.: Unit 1
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32225 Country: USA	Zip: 32225 Country: USA

4. FEI Number: 20-0451451 ☐ Applied For ☐ Not Applicable

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: JOHN D. RUTLEDGE, President Street Address (P.O. Box Number is Not Acceptable): 1730 Forest Lake CIRCLE EAST City: JACKSONVILLE FL Zip Code: 32225

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: John D. Rutledge, President — April 11, 2007
Signature, type 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, 2007

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	PD DARIN, WILLIAM 1707 FOREST LAKE CIRCLE # 3 JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & Director [redacted] Rutledge, John D. 1730 Forest Lake Circle East, Unit 1 Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WHITBECK, ROBERT 1714 FOREST LAKE CIRCLE W. #2 JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Giustina, Elizabeth Vice-President & Director 1745 Forest Lake CIR. West, Unit 1 Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FORD, KATHY 1719 FOREST LAKE CIR W., #1 JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary & Director [redacted] Roark, Linda 1730 Forest Lake Circle East, Unit 1 Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDERSON, JIM 1725 FOREST LAKE CIRCLE E. # 1 JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer & Director Anderson, James 1725 Forest Lake CIRCLE East, Unit 1 Jacksonville, FL 32225	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD, KATHY 1719 FOREST LAKE CIRCLE W. # 1 JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Fine, W. Kerry 12420 Forest Lake Circle North, Unit 1 Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Anderson, Anna 1725 Forest Lake Circle East, Unit 1 Jacksonville, FL 32225	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John D. Rutledge, President — April 11, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #