

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90024 025 \*\*\*\*61.25



**DOCUMENT # N04636**  
1. Entity Name  
**THE VILLAS OF FOREST PARK CONDOMINIUM  
ASSOCIATION OF DUNEDIN, INC.**

Principal Place of Business Mailing Address  
**251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER BEACH FL 33767  
US** **251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER BEACH FL 33767  
US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)  
4. FEI Number **59-6820404** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**JIM NOBLES MANAGEMENT  
251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER BEACH FL 33767**

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 \_\_\_\_\_ (NOTE: Registered Agent signature is required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONLAN, JAMES <input checked="" type="checkbox"/> Delete 2307 BEVERLY DR DUNEDIN FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAPASSO, TONY <input type="checkbox"/> Delete 1539 REBECCA LANE DUNEDIN FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ESTRELLA, CANDACE <input type="checkbox"/> Delete 2365 BEVERLY DR DUNEDIN FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RACHAU, ROBERT <input checked="" type="checkbox"/> Delete 1547 REBECCA LN DUNEDIN FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALK, PEG <input checked="" type="checkbox"/> Delete 1535 REBECCA LA DUNEDIN FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dennis Cassels <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1553 Lynda Lane Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SITD Candace Estrella <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2365 Beverly Dr. Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Edgar Bunch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1548 Lynda Lane Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Candace Estrella 3/24/08 500-899-5689