

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:26

DOCUMENT # N15197 (9)
1. Corporation Name
FOREST CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
JOHNNIE B. BYRD, JR.
121 N. COLLINS ST.
PLANT CITY FL 33564

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/02/1986** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2679302** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JOHNNIE B. BYRD JR.
121 N. COLLINS STREET
PLANT CITY FL 33564

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when consisting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARTMAN, JOE
STREET ADDRESS	2906 PINE CLUB DR.
CITY - ST - ZIP	PLANT CITY FL
TITLE	VPO
NAME	WILSON, SAM
STREET ADDRESS	2808 PINE CLUB DR.
CITY - ST - ZIP	PLANT CITY FL
TITLE	SD
NAME	CLAYTON, TOM
STREET ADDRESS	2813 FOREST CLUB DR.
CITY - ST - ZIP	PLANT CITY FL
TITLE	TD
NAME	NORMAN, RICK
STREET ADDRESS	3504 OAK CLUB COURT
CITY - ST - ZIP	PLANT CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Claire Ash	
13 STREET ADDRESS	3003 Forest Club Drive	
14 CITY - ST - ZIP	Plant City, FL 33567	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	VP	
22 NAME	SAME	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Cynthia Jones	
33 STREET ADDRESS	2802 Forest Club Dr.	
34 CITY - ST - ZIP	Plant City, FL 33567	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Donna Hines	
43 STREET ADDRESS	2704 Forest Club Drive	
44 CITY - ST - ZIP	Plant City, FL 33567	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna T. Hines Donna T. Hines March 14, 1995 813/754-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)