

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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121 N. COLLINS ST.
PLANT CITY FL 33564

3. Date Incorporated or Qualified
06/02/1986

3a. Date of Last Report
03/29/1995

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

4. FEI Number
59-2679302

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNNIE B. BYRD JR.
121 N. COLLINS STREET
PLANT CITY FL 33564

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ASH, CLAIRE	
STREET ADDRESS	3003 FOREST CLUB DRIVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, SAM	
STREET ADDRESS	2808 PINE CLUB DR.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, CYNTHIA	
STREET ADDRESS	2802 FOREST CLUB DR.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HINES, DONNA	
STREET ADDRESS	2704 FOREST CLUB DRIVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVE MOORE	
1.3 STREET ADDRESS	2916 FOREST CLUB DR	
1.4 CITY-ST-ZIP	PLANT CITY FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PIERCE CHRISTIE	
2.3 STREET ADDRESS	2719 FOREST CLUB DR	
2.4 CITY-ST-ZIP	PLANT CITY FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JERRY UNDERWOOD	
3.3 STREET ADDRESS	2915 FOREST CLUB DR	
3.4 CITY-ST-ZIP	PLANT CITY FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARY L. RAINES	
4.3 STREET ADDRESS	2706 PINE CLUB DR	
4.4 CITY-ST-ZIP	PLANT CITY FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *GARY L. RAINES*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 (813) 752-6066
Date Daytime Phone #

CR2E037 (12/95)