

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	JOHNNIE B. BYRD, JR. 121 N. COLLINS ST. PLANT CITY FL 33564

3. Date Incorporated or Qualified
06/02/1986

4. FEI Number
59-2679302

Applied For	Not Applicable
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21. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country
25. Zip	30. Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Johnnie B. Byrd* DATE **2/13/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WILSON, ED	1.2 NAME	Riley, Joe
STREET ADDRESS	2910 PINE CLUB DR.	1.3 STREET ADDRESS	2912 Forest Club Drive
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	VD	2.1 TITLE	VD
NAME	COPELAND, BARY	2.2 NAME	Copeland, Gary
STREET ADDRESS	2706 FOREST CLUB	2.3 STREET ADDRESS	2706 Forest Club Drive
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	SD	3.1 TITLE	VD
NAME	JERRY UNDERWOOD	3.2 NAME	Wilson, Sam
STREET ADDRESS	2915 FOREST CLUB DR	3.3 STREET ADDRESS	2808 Pine Club Drive
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	TD	4.1 TITLE	SD
NAME	GARY L. RAINES	4.2 NAME	Wilson, Ed
STREET ADDRESS	2706 PINE CLUB DR	4.3 STREET ADDRESS	2910 Pine Club Drive
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE		5.1 TITLE	TD
NAME		5.2 NAME	Coppage, Paul
STREET ADDRESS		5.3 STREET ADDRESS	2913 Forest Club Driv
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 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: *Joseph W. Riles*

12.7.198

CR2E037 (1097)