


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

0172

**DOCUMENT # N15197**

1. Entity Name  
**FOREST CLUB HOMEOWNERS ASSOCIATION, INC.**



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

Mailing Address  
**JOHNNIE B. BYRD, JR.  
121 N. COLLINS ST.  
PLANT CITY, FL 33564**

2. Principal Place of Business  
**3017 PINE CLUB DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 5484**  
Suite, Apt. #, etc.

City & State  
**Plant City, Fla.**

City & State  
**Plant City, Fla.**

Zip  
**33566** Country  
**USA**

Zip  
**33563-0044** Country  
**USA**

FILED


06 FEB 24 PM 2:33

TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06

Roberts MAR 0 11 2006



02082006 REIN-NP CR2E099 (11/05)

6. Name and Address of Current Registered Agent

**ROSENBLATT, JEFFREY D TREASUR  
2701 PINE CLUB DRIVE  
PLANT CITY, FL 33566**

7. Name and Address of New Registered Agent

Name  
**JON L. COURSON**

Street Address (P.O. Box Number is Not Acceptable)

**3017 PINE CLUB DR.**

City  
**Plant City** FL Zip Code  
**33566**

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 *Jon L. Courson* 700067456327  
03/09/06--01020--006 \*\*\*122.50  
Feb 20, 2006

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

**FILE NOW!!! FEE IS \$122.50**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.      Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<b>BERRY, THOMAS</b> 2803 FOREST CLUB DRIVE PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE <b>P/D</b>
NAME			<b>JON L. COURSON</b>
STREET ADDRESS			<b>3017 PINE CLUB DR</b>
CITY-ST-ZIP			<b>Plant City, FL 33566</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VPD</b>	<b>BARKER, MARY</b> 3503 PINE CLUB CT PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE <b>P/D</b>
NAME			<b>PETE MURPHY</b>
STREET ADDRESS			<b>2804 FOREST CLUB DR</b>
CITY-ST-ZIP			<b>Plant City, FL 33566</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>TD</b>	<b>ROSENBLATT, JEFFREY</b> 2701 PINE CLUB DR PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE <b>S/D</b>
NAME			<b>KEN DRUMMOND</b>
STREET ADDRESS			<b>2909 PINE CLUB DR</b>
CITY-ST-ZIP			<b>Plant City, FL 33566</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>BM</b>	<b>DUABACH, SANDRA</b> 3024 FOREST CLUB DR PLANT CITY, FL 33566	<input type="checkbox"/> Delete	TITLE <b>T/D</b>
NAME			<b>SANDRA DAUBACH</b>
STREET ADDRESS			<b>3024 FOREST CLUB DR</b>
CITY-ST-ZIP			<b>Plant City, FL 33566</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>BM</b>	<b>SUGGS, RICHARD</b> 3007 PINE CLUB DR. PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>
NAME			<b>JUNE RAGAN</b>
STREET ADDRESS			<b>2905 PINE CLUB DR</b>
CITY-ST-ZIP			<b>Plant City, FL 33566</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE <b>D</b>
NAME			<b>TERRY MURPHY</b>
STREET ADDRESS			<b>2804 FOREST CLUB DR</b>
CITY-ST-ZIP			<b>Plant City, FL 33566</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Jon L. Courson* Feb. 20, 2006      813-707-8091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*PS 2/2*

Continuing Block 11

D  
Robert Deliguori  
2801 Forest Club Dr.  
Plant City, FL 33566

Addition