

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15197

FILED
Jan 20, 2009
Secretary of State

Entity Name: FOREST CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2805 FOREST CLUB DRIVE
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

P O BOX 5484
PLANT CITY, FL 335630044

New Mailing Address:

FEI Number: 59-2679302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, PETER I
2805 FOREST CLUB DRIVE
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MURPHY, PETER I
Address: 2805 FOREST CLUB DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: VP () Delete
Name: HARRINGTON, DAN
Address: 2812 FOREST CLUB DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: SECY () Delete
Name: DRUMMOND, KEN
Address: 2909 PINE CLUB DR
City-St-Zip: PLANT CITY, FL 33566

Title: TREA () Delete
Name: DAUBACH, SANDRA
Address: 3024 FOREST CLUB DR
City-St-Zip: PLANT CITY, FL 33566

Title: DIR () Delete
Name: COURSON, JOHN
Address: 3017 PINE CLUB DR
City-St-Zip: PLANT CITY, FL 33566

Title: DIR () Delete
Name: FLYNT, ROBERT
Address: 3009 PINE CLUB DRIVE
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: MURPHY, THERESA
Address: 2805 FOREST CLUB DR
City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER I MUPRHY

Electronic Signature of Signing Officer or Director

PRES

01/20/2009

_____ Date