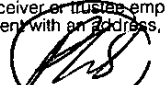


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90208 034 ****61.25

DOCUMENT # N19949 1. Entity Name THE FOREST VILLAS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O PEGASUS PROPERTY MANAGEMENT 17959 S TAMiami TRAIL, STE 100 FT. MYERS, FL 33908 US			Mailing Address C/O PEGASUS PROPERTY MANAGEMENT 17959 S TAMiami TRAIL, STE 100 FT. MYERS, FL 33908 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0027166	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STILSON, BARBARA C/O PEGASUS PROPERTY MANAGEMENT 17959 S TAMiami TRAIL, STE 100 FT MYERS, FL 33908				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	☐ Delete	TITLE	PD LORETI, SUSAN ☒ Change ☐ Addition	
NAME	LORETI, SUSAN		NAME	LORETI, SUSAN	
STREET ADDRESS	6078 FOREST VILLAS CIRCLE		STREET ADDRESS	6078 FOREST VILLAS CIRCLE	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	PD	☒ Delete	TITLE	VPD MACDONALD, ROD ☐ Change ☐ Addition	
NAME	BEAVERS, PHILIP		NAME	MACDONALD, ROD	
STREET ADDRESS	6023 FOREST VILLAS CIRCLE		STREET ADDRESS	6112 FOREST VILLAS CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BENTLEY, ROY		NAME		
STREET ADDRESS	16925 VILLAS SQUARE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	D ☒ Change ☐ Addition	
NAME	HEUSCHKEL, ROBERT		NAME		
STREET ADDRESS	6083 FOREST VILLAS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	TD SCHIERBERL, PAUL ☐ Change ☒ Addition	
NAME	FRISBIE, DANIEL		NAME	SCHIERBERL, PAUL	
STREET ADDRESS	6171 FOREST VILLAS CIRCLE		STREET ADDRESS	6121 FOREST VILLAS CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: 			Paul W. Schierberl, Jr.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-25-05 Daytime Phone # 239-540-0005		