

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19949

FILED
Mar 15, 2011
Secretary of State

Entity Name: THE FOREST VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O PEGASUS PROPERTY MANAGEMENT
17959 S TAMiami TRAIL, STE 100
FT. MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

C/O PEGASUS PROPERTY MANAGEMENT
17959 S TAMiami TRAIL, STE 100
FT. MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0027166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, STEVEN
C/O PEGASUS PROPERTY MANAGEMENT
17595 S TAMiami TRAIL, STE 100
FT MYERS, FL 33908 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: DS
Name: HARGADEN, EDWARD
Address: 6061 FOREST VILLAS CIR
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: HERRICK, ROD
Address: 6163 FOREST VILLAS CIR
City-St-Zip: FT. MYERS, FL 33908

Title: DT
Name: SCHIERBERL, PAUL
Address: 6121 FOREST VILLAS CIR
City-St-Zip: FORT MYERS, FL 33908

Title: D P
Name: BEAVERS, PHIL
Address: 6023 FOREST VILLAS CIR
City-St-Zip: FORT MYERS, FL 33908

Title: DVP
Name: NELSON, CARROLL
Address: 6053 FOREST VILLAS CIRCLE
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: SAllen

A

03/15/2011

Electronic Signature of Signing Officer or Director

Date