2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90012 043 ****61.25

DOCUMENT # N19949

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

Principal Place of Business	Mailing Address
C/O PEGASUS PROPERTY MANAGEMENT 17959 S TAMIAMI TRAIL. STE 100 FT. MYERS FL 33908 US	C/O PEGASUS PROPERTY MANAGEMENT 17959 S TAMIAMI TRAIL. STE 100 FT. MYERS FL 33908 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
C/O Pegasus Property Mgmt	C/O Pegasus Property Mgmt
17595 S Tamiami Trail Suite 100	17595 S Tamiami Trail Suite 100
Ft. Myers, FL 33908	Ft. Myers, FL 33908
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0027166 ☐ Applied For ☐ Not Applicable

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
STILEON, BARBARA C/O PEGASUS PROPERTY MANAGEMENT 17595 S TAMIAMI TRAIL, STE 100 FT MYERS FL 33908	Name STILSON Street Address (P.O. Box Number is Not Acceptable) City **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

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORNELL, JIM 6123 FOREST VILLAS CIR FT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WEIFFENBACH, JOAN 6094 FOREST VILLAS CIRCLE FT. MYERS FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PHILIP BEAVERS 6023 FOREST VILLAS CIRCLE FORT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOVINS, MARILYN 6113 FOREST VILLAS CIR FT. MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KELLY, THOMAS 6021 FOREST VILLAS CIR FORT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTERMAN, TED 6183 FOREST VILLAS CIR FORT MYERS FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL FRISBIE 6171 FOREST VILLAS CIRCLE FORT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: [signature] 4/10/03 (239) 433-5415