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Feb 27, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N20958

1. Corporation Name

PARK FOREST OWNERS ASSOCIATION, INC.

Principal Place of Business

325 INDIAN RIVER LANE. STE. 2  
ENGLEWOOD FL 34223

Mailing Address

325 INDIAN RIVER LANE. STE. 2  
ENGLEWOOD FL 34223



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/03/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2810828

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.  
C/O CHAD M. MCCLENATHAN  
680 SO. ORANGE AVE.  
SARASOTA FL 34230

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCCALLUM, ANGUS J  
STREET ADDRESS 506 WEKIVA RIVER CT  
CITY-ST-ZIP ENGLEWOOD FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

SD  
BOTTLES JUDITH  
BOTTLES PARK FOREST BLVD  
255 PARK FOREST BLVD  
ENGLEWOOD, FL 34223

Change Addition

TITLE SD  
NAME WIND, ANDREW  
STREET ADDRESS 413 BLUE SPRINGS CT  
CITY-ST-ZIP ENGLEWOOD FL 34223

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

P.D.  
ANDREW WIND ANDREW  
413 BLUE SPRINGS CT  
ENGLEWOOD, FL 34223

Change Addition

TITLE D  
NAME JOHNSON, MICHAEL J  
STREET ADDRESS 573 INTERSTATE BLVD  
CITY-ST-ZIP SARASOTA FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE TD  
NAME BROWER, VERONICA  
STREET ADDRESS 409 BLUE SPRINGS COURT  
CITY-ST-ZIP ENGLEWOOD FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TD  
BAUS DONALD  
238 PARK FOREST BLVD  
ENGLEWOOD, FL 34223

Change Addition

TITLE D  
NAME OBRIEN, ANNE  
STREET ADDRESS 341 FALLINGWATERS LA  
CITY-ST-ZIP ENGLEWOOD FL

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

VPD  
OBRIEN ANNE  
341 FALLINGWATERS LA  
ENGLEWOOD, FL 34223

Change Addition

TITLE VPD  
NAME CARON, PAUL  
STREET ADDRESS 267 PARK FOREST BLVD  
CITY-ST-ZIP ENGLEWOOD FL

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

D  
HOLZNAGLE FRANK  
436 CYPRESS FOREST DR  
ENGLEWOOD, FL 34223

Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-99 941-474-8276

CR2E037 (1/98)