

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90044 027 \*\*\*\*61.25

**DOCUMENT # N20958**

1. Entity 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**

**40010974**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2810828**

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

**MCCLLENATHEN, CHAD M  
C/O LISA WOLINER  
RINGLING BLVD.  
SARASOTA FL 34236**

Name

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  
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	SD	<input type="checkbox"/> Delete
NAME	HENNESSEY, JOHN P	
STREET ADDRESS	296 PARK FOREST BLVD.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KRUM, DAVID E	
STREET ADDRESS	212 PARK FOREST BLVD.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL J	
STREET ADDRESS	573 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, PHILLIP G	
STREET ADDRESS	404 BLUE SPRINGS COURT	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWEET, PATRICIA	
STREET ADDRESS	536 WEKIVA RIVER COURT	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPIANO, CHARLES J	
STREET ADDRESS	512 WEKIVA RIVER COURT	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irene Egeberg	
STREET ADDRESS	409 Cypress Forest DR	
CITY-ST-ZIP	Englewood FL 34223	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Veronic Brower	
STREET ADDRESS	409 Blue Springs Court	
CITY-ST-ZIP	Englewood FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Irene Egeberg* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-05 941-475-3802