

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90204 050 ****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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2810828		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 RI NGLING 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENNESSEY, JOHN P		NAME	HAVARD, ROBERT	
STREET ADDRESS	296 PARK FOREST BLVD.		STREET ADDRESS	252 PARK FOREST BLVD.	
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUM, DAVID E		NAME		
STREET ADDRESS	212 PARK FOREST BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MICHAEL J		NAME		
STREET ADDRESS	573 INTERSTATE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP		
TITLE	P D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGERBERG, IRENE		NAME		
STREET ADDRESS	409 CYPRESS FOREST DR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, PATRICIA		NAME		
STREET ADDRESS	536 WEKIVA RIVER COURT		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPIANO, CHARLES J		NAME		
STREET ADDRESS	512 WEKIVA RIVER COURT		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Egerberg 3-17-06 941-415-7578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR