2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20958

FILED Jan 28, 2009 Secretary of State

Entity Name: PARK FOREST OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

325 INDIAN RIVER LANE, STE. 2 ENGLEWOOD, FL 34223

Current Mailing Address: New Mailing Address:

325 INDIAN RIVER LANE, STE. 2 ENGLEWOOD, FL 34223

FEI Number: 59-2810828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCLENATHEN, CHAD M 1820 RINGLING BLVD. SARASOTA, FL 34236 US

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:

Date

Electronic Signature of Registered Agent

(X) Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete HAVARD, ROBERT LONG, JOHN Name: Name:

252 PARK FOREST BLVD. Address: 439 CYPRESS FOREST DR Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: SD Title: (X) Change () Addition () Delete KRUM, DAVID E Name: HAVARD, ROBERT Name:

Address: 212 PARK FOREST BLVD. Address: 252 PARK FOREST BLVD. City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: TD (X) Change () Addition

CHAMBERLAIN, CATHERINE NEFF, JOHN Name: Name: 228 PARK FOREST BLVD. Address:

225 PARK FOREST BLVD. Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

() Delete (X) Change () Addition Title: VPD Title: VPD

LONG, JOHN Name: Name: LEONARD, GERRY 439 CYPRESS FOREST DR Address: Address: 381 BLUE SPRINGS CT City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: (X) Change () Addition

LEONARD, GERRY LUFFY, DONALD Name: Name: 381 BLUE SPRINGS CT 351 ANASTASIA DR Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: (X) Change () Addition

MCGRATH, KATHRYN POTVIN, GARY Name: Name: Address: 515 WEKIVA RIVER CT Address: 605 KISSIMMEE CT ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN LONG PD 01/28/2009