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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000642 (0)

1. Corporation Name  
FORREST PARK ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address  
2402 SE 29TH ST Ocala FL 34471 2402 SE 29TH ST Ocala FL 34471-0706

3. Date Incorporated or Qualified 12/08/1992 3a. Date of Last Report 04/18/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-3163152	Applied For	Not Applicable
22	Suite, Apt. #, etc	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRIST, TIMOTHY D  
2402 S.E. 29TH ST.  
OCALA FL 34471

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHRIST, WENDY L	
STREET ADDRESS	2402 S.E. 29TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RITZ, ABIGAIL	
STREET ADDRESS	2410 S.E. 28TH ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PATRICIA SAUEY	
STREET ADDRESS	3004 SE 24TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mike Dolan	
1.3 STREET ADDRESS	2409 SE 28th Street	
1.4 CITY-ST-ZIP	Ocala, FL 34471	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eddie Doyle	
2.3 STREET ADDRESS	2406 SE 28th Street	
2.4 CITY-ST-ZIP	Ocala, FL 34471	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Debbie Fusco	
3.3 STREET ADDRESS	2416 SE 29th Street	
3.4 CITY-ST-ZIP	Ocala, FL 34471	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Patricia Sauey 2/10/97 352-840-0008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0085701

CR2E037 (9/96)