

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000001183  
 1. Entity Name  
 FOREST GREEN MERCHANTS AND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 4540 HIGHWAY 20 EAST      4540 HIGHWAY 20 EAST  
 NICEVILLE, FL 32578      NICEVILLE, FL 32578

**DO NOT WRITE IN THIS SPACE**



03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 59-3430145      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ZIVAN, JEROME A ESQ  
 4540 HIGHWAY 20 EAST  
 NICEVILLE, FL 32578

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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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZIVAN, JEROME
STREET ADDRESS	4540 HIGHWAY 20 EAST
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	HARRIS, HELENE R
STREET ADDRESS	4540 HIGHWAY 20 EAST
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	VAUGHN, JANELLE G
STREET ADDRESS	4540 HIGHWAY 20 EAST
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000343726  
 04/29/05-80108-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Heleene R. Harris*  
 HELENE R. HARRIS, DIRECTOR  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 (850) 897-16430  
 Date      Daytime Phone #