


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001183

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



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

Mailing Address
 4540 HIGHWAY 20 EAST
 NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3430145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIVAN, JEROME A ESQ
 4540 HIGHWAY 20 EAST
 NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZIVAN, JEROME 4540 HIGHWAY 20 EAST NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, HELENE R 4540 HIGHWAY 20 EAST NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAUGHN, JANELLE G 4540 HIGHWAY 20 EAST NICEVILLE, FL 32578
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 05/03/07-80010-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Helene R. Harris* HELENE R. HARRIS, DIRECTOR 4/1/07 850-8976430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #