

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N20958** (7)

1. Corporation Name

PARK FOREST OWNERS ASSOCIATION, INC.

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|---|---|
| Principal Place of Business | Mailing Address |
| 325 INDIAN RIVER LANE. STE. 2 ENGLEWOOD FL 34223 | 325 INDIAN RIVER LANE. STE. 2 ENGLEWOOD FL 34223 |



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|--------------------------------|---------------------|---|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 | 26 | 06/03/1987 | 59-2810828 | <input type="checkbox"/> Not Applicable |
| 22 | 27 | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | 28 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | 29 | 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| BECKER & POLIAKOFF, P.A. C/O CHAD M. MCCLENATHAN 680 SO. ORANGE AVE. SARASOTA FL 34230 | 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 type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCALLUM, ANGUS J | 1.2 NAME | |
| STREET ADDRESS | 508 WEKIVA RIVER CT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ENGLEWOOD FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALEMBIER, RICHARD V | 2.2 NAME | ANDREW WIND |
| STREET ADDRESS | 277 PARK FOREST BLVD | 2.3 STREET ADDRESS | 413 BLUE SPRINGS CT |
| CITY-ST-ZIP | ENGLEWOOD FL | 2.4 CITY-ST-ZIP | ENGLEWOOD, FL 34223 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, MICHAEL J | 3.2 NAME | |
| STREET ADDRESS | 573 INTERSTATE BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWER, VERONICA | 4.2 NAME | |
| STREET ADDRESS | 409 BLUE SPRINGS COURT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ENGLEWOOD FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OBRIEN, ANNE | 5.2 NAME | |
| STREET ADDRESS | 341 FALLINGWATERS LA | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ENGLEWOOD FL | 5.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARON, PAUL | 6.2 NAME | |
| STREET ADDRESS | 287 PARK FOREST BLVD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ENGLEWOOD FL | 6.4 CITY-ST-ZIP | |

14. I 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: *Veronica Brower* VERONICA BROWER 1/30/98 (94) 475-8637

CR2E037 (1097)