2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90024 009 ****61.25

DOCUMENT # N03000010464

1. Entity Name
FOREST CREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9456 PHILLIPS HWY., SUITE 1 JACKSONVILLE, FL 32256	9456 PHILLIPS HWY., SUITE 1 JACKSONVILLE, FL 32256

01142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5455 A1A South	5455 A1A South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, Fl	City & State: St. Augustine, Fl
Zip: 32080 Country: US	Zip: 32080 Country: US

4. FEI Number: 20-0451451 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DOAN, JAN
9456 PHILLIPS HWY., SUITE 1
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent
Name: May Management Service
Street Address (P.O. Box Number is Not Acceptable): 5455 A1A South
City: St. Augustine FL Zip Code: 32080

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNS, KENNETH L JR.		NAME	
STREET ADDRESS	9456 PHILLIPS HWY., SUITE 1		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOAN, JAN		NAME	
STREET ADDRESS	9456 PHILLIPS HWY., SUITE 1		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZAKOSKE, JOHN		NAME	
STREET ADDRESS	9456 PHILLIPS HWY., SUITE 1		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. 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 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: [signature] Jan Doan Sec/Tres 3/31/04 904-268-2045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #