2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729781

Entity Name: FORESTBROOK I ASSOCIATION, INC.

FILED
Apr 13, 2017
Secretary of State
CC4314546476

Current Principal Place of Business:

%JIM NOBLES MANAGEMENT, INC 251 WINDWARD PASSAGE, SUITE F CLEARWATER, FL 33767

Current Mailing Address:

%JIM NOBLES MANAGEMENT, INC 251 WINDWARD PASSAGE, SUITE F CLEARWATER, FL 33767 US

FEI Number: 59-1763274 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLS, SHERON O % JIM NOBLES MANAGEMNT, INC. 251 WINDWARD PASSAGE - SUITE F CLEARWATER, FL 33767 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PD, PRESIDENT Title SD

NameCONGALOSI, TOMNameCITARELLA, MAUREENAddress700 STARKEY RD #614Address700 STARKEY RD #412City-State-Zip:LARGO FL 33771City-State-Zip:LARGO FL 33771

Sity-State-Zip. LARGO FE 33771 City-State-Zip. LARGO FE 3377

Title VP Title TREASURER

Name FLORIAN, JACK Name WHEELER, SHIRLEY
Address 700 STARKEY RD # 911 Address 700 STARKEY RD. #713

City-State-Zip: LARGO FL 33771 City-State-Zip: LARGO FL 33771

Title DIRECTOR

Name CYRAN, MICHAEL
Address 700 STARKEY RD. #912

City-State-Zip: LARGO FL 33771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM CONGALOSI

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/13/2017