

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04636

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC7721542251**

**Entity Name:** THE VILLAS OF FOREST PARK CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.

**Current Principal Place of Business:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER BEACH, FL 33767

**Current Mailing Address:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER BEACH, FL 33767 US

**FEI Number: 59-6820404**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JIM NOBLES MANAGEMENT, INC.  
251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER BEACH, 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  
Name CASSELS, DENNIS  
Address 1553 LYNDA LANE  
City-State-Zip: DUNEDIN FL 34698

Title VPD  
Name OHLSON, DIANE  
Address 1531 REBECCA LANE  
City-State-Zip: DUNEDIN FL 34698

Title TD, TREASURER  
Name ESTRELLA, CANDACE  
Address 2365 BEVERLY DRIVE  
City-State-Zip: DUNEDIN FL 34698

Title SD, SECRETARY  
Name GRAY, BEVERLY  
Address 1542 REBECCA LANE  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name CAPASSO, KAREN  
Address 1539 REBECCA LANE #503  
City-State-Zip: DUNEDIN FL 34698

*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: CANDACE ESTRELLA**

**TREASURER**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date