

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15197

FILED
Feb 12, 2018
Secretary of State
CC7177431351

Entity Name: FOREST CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2805 FOREST CLUB DRIVE
PLANT CITY, FL 33566

Current Mailing Address:

P O BOX 5484
PLANT CITY, FL 33563-0044

FEI Number: 59-2679302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, PETER I
2805 FOREST CLUB DRIVE
PLANT CITY, FL 33566 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: PETER I MURPHY

02/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MURPHY, PETER I
Address P O BOX 5484
City-State-Zip: PLANT CITY FL 33563-0044

Title TREASURER
Name NORMAN, RICK
Address P O BOX 5484
City-State-Zip: PLANT CITY FL 33563-0044

Title SECRETARY
Name DOMINGUEZ, BRENDA
Address P O BOX 5484
City-State-Zip: PLANT CITY FL 33563-0044

Title DIRECTOR
Name BRAY, JUDY
Address P O BOX 5484
City-State-Zip: PLANT CITY FL 33563-0044

Title DIRECTOR
Name BOOTHE, GARY
Address P O BOX 5484
City-State-Zip: PLANT CITY FL 33563-0044

Title DIRECTOR
Name GARCEAU, BRUCE
Address P O BOX 5484
City-State-Zip: PLANT CITY FL 33563-0044

Title VP
Name CROSS, CHARLES
Address P O BOX 5484
City-State-Zip: PLANT CITY FL 33563-0044

Title DIRECTOR
Name FIASCHETTI, MICHAEL
Address P O BOX 5484
City-State-Zip: PLANT CITY FL 33563-0044

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: PETER I MURPHY

PREDIDENT

02/12/2018

Electronic Signature of Signing Officer/Director Detail

Date