

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15197

Entity Name: FOREST CLUB HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2814 PINE CLUB DR
PLANT CITY, FL 33566**Current Mailing Address:**P O BOX 5484
PLANT CITY, FL 33563-0044 US**FEI Number:** 59-2679302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EVANS, CELESTINE
2814 PINE CLUB DR
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:** CELESTINE EVANS

03/06/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name WILSON, ED
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 DIRECTOR
Name DOMINQUES, BRENDA
Address P O BOX 5484
City-State-Zip: PLANT CITY FL 33563-0044

Title PRESIDENT
Name EVANS, CELESTINE
Address P O BOX 5484
City-State-Zip: PLANT CITY FL 33563

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

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

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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: CELESTINE EVANS

PRESIDENT

03/06/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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