

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15197

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC3124766119**

**Entity Name:** FOREST CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2812 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:**

HARRINGTON, DAN  
2812 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            HARRINGTON, DAN  
Address        2812 FOREST CLUB DRIVE  
City-State-Zip: PLANT CITY FL 33566

Title            DIR  
Name            JEFF, NESS  
Address        2805 PINE CLUB DRIVE  
City-State-Zip: PLANT CITY FL 33566

Title            TREASURER  
Name            NORMAN, RICK  
Address        3504 OAK CLUB COURT  
City-State-Zip: PLANT CITY FL 33566

Title            DIR  
Name            LAWRENCE, DAVID  
Address        2917 FOREST CLUB DR  
City-State-Zip: PLANT CITY FL 33566

Title            SECRETARY  
Name            PINERO, DANIEL  
Address        3007 PINE CLUB DR  
City-State-Zip: PLANT CITY FL 33566

Title            DIRECTOR  
Name            SCOTT, LORETTA  
Address        3006 FOREST CLUB DR  
City-State-Zip: PLANT CITY FL 33566

Title            DIRECTOR  
Name            COPPAGE, PAUL  
Address        2913 FOREST CLUB DR  
City-State-Zip: PLANT CITY FL 33566

Title            DIRECTOR  
Name            BRAY, JUDY  
Address        2806 FOREST CLUB DR.  
City-State-Zip: PLANT CITY FL 33566

**Continues on page 2**

*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: DAN HARRINGTON**

**PRESIDENT**

**01/27/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name ORRICO, SHELLY  
Address 3001 PINE CLUB DR.  
City-State-Zip: PLANT CITY FL 33566