

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15197

FILED
Feb 09, 2019
Secretary of State
3252503412CC

Entity Name: FOREST CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2802 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:

CROSS, CHARLES W
2802 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: CHARLES W CROSS

02/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name GREGORY, PHIL
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: CHARLES W CROSS

PRESIDENT

02/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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