

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20958

Entity Name: PARK FOREST OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**325 INDIAN RIVER LANE, STE. 2
ENGLEWOOD, FL 34223**Current Mailing Address:**325 INDIAN RIVER LANE, STE. 2
ENGLEWOOD, FL 34223**FEI Number:** 59-2810828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
6230 UNIVERSITY PARKWAY
SUITE 201
SARASOTA, FL 34240 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	WALTERS, HAROLD
Address	432 CYPRESS FOREST DR
City-State-Zip:	ENGLEWOOD FL 34223

Title	SD
Name	NOIROT, RUTH
Address	248 PARK FOREST BLVD.
City-State-Zip:	ENGLEWOOD FL 34223

Title	TD
Name	NEFF, JOHN
Address	225 PARK FOREST BLVD.
City-State-Zip:	ENGLEWOOD FL 34223

Title	VPD
Name	MEURER, JACK
Address	653 KISSIMMEE CT
City-State-Zip:	ENGLEWOOD FL 34223

Title	D
Name	BLOCH, DEE
Address	523 WEKIVA RIVER CT
City-State-Zip:	ENGLEWOOD FL 34223

Title	D
Name	BROWN, DONNA
Address	429 CYPRESS FOREST DR
City-State-Zip:	ENGLEWOOD FL 34223

Title	D
Name	REGER, FRANK
Address	585 GADSEN ST
City-State-Zip:	ENGLEWOOD FL 34223

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: RUTH NOIROT**SECRETARY****01/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date