

**2013 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 AROH, ALLAN PRES.  
Address 233 PARK FOREST BLVD.  
City-State-Zip: ENGLEWOOD FL 34223

Title SD  
Name NOIROT, RUTH SECTY  
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 CARON, PAUL  
Address 267 PARK FOREST BLVD  
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 MEURER, JACK  
Address 653 KISSIMMEE CT  
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****01/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date