2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20958

Entity Name: PARK FOREST OWNERS ASSOCIATION, INC.

FILED Feb 10, 2017 Secretary of State CC7914598692

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 Title SD, CORRESPONDING SECRETARY

NameJORDAN, THERESA CNameDANKO, SHERRYAddress256 PARK FOREST BLVDAddress26530 MALLARD WAYCity-State-Zip:ENGLEWOOD FL 34223City-State-Zip:PUNTA GORDA FL 33950

Title TD Title VPD

Name TOOT, FRED P Name SHARPE, JUDY F

Address 323 FALLING WATERS LANE Address 428 CYPRESS FOREST DR
City-State-Zip: ENGLEWOOD FL 34223 City-State-Zip: ENGLEWOOD FL 34223

Title D Title D

Name EGEBEG, IRENE Name FOSTER, RICHARD

Address 409 CYPRESS FOREST DR Address 407 CYPRESS FOREST DR

City-State-Zip: ENGLEWOOD FL 34223 City-State-Zip: ENGLEWOOD FL 34223

Title D Title D

Name HAAS, CARL Name WILDER, MARILYN

Address 500 WEKIVA RIVER CT Address 658 BARNACLE CT

City-State-Zip: ENGLEWOOD FL 34223

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: THERESA C JORDAN

PRESIDENT

02/10/2017