

2016 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 | SCHOECK, SUSAN |
| Address | 430 CYPRESS FOREST DR. |
| City-State-Zip: | ENGLEWOOD FL 34223 |

| | |
|-----------------|-----------------------|
| Title | SD |
| Name | DAVIS, RICHARD B |
| Address | 262 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 | ROWE, DOUG |
| Address | 623 BARNACLE CT |
| City-State-Zip: | ENGLEWOOD FL 34223 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | BIRCH, CLARK |
| Address | 538 WEKIVA RIVER CT |
| City-State-Zip: | ENGLEWOOD FL 34223 |

| | |
|-----------------|--------------------|
| Title | D |
| Name | MCIVER, VIRGINIA |
| Address | 654 KISSIMMEE CT |
| City-State-Zip: | ENGLEWOOD FL 34223 |

| | |
|-----------------|--------------------|
| Title | D |
| Name | HARVEY, CHARLES D |
| Address | 663 BARNACLE CT |
| City-State-Zip: | ENGLEWOOD FL 34223 |

| | |
|-----------------|------------------------|
| Title | D |
| Name | SHARPE, JUDY F |
| Address | 428 CYPRESS FOREST DR. |
| 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: RICHARD B. DAVIS**SECRETARY****01/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date