FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90125 024 ***150.00

DOCUMENT # 532315

1. Entity Name

FOREST Hills Golf + Country Club INC



DO NOT WRITE IN THIS SPACE

DO NOT WHITE IN THIS SPACE				60012856	
Principal Place of Business 3. Mailing Address				1	
	BOARD WALK STREET		DWALK STREET	7	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CR2E034B (8/0)5)
City & State		City & State		4. FEI Number	Applied For
	day, FL	HOUIDAY	1-6	59/752797	Not Applicable
Zip ,	Country		Country	<u> </u>	\$8.75 Additional
3469	O B U.S.A.	34690'	u.s.A	5. Certificate of Status Desired	Fee Required
				7. Name and Address of Current Register	ed Agent
Name Dol				LLY J. Koulias	
• DO NOT WRITE Street Arguess (F					•
IN THIS SPACE				6 FLOTITIA Dr	778
•	114 11113 367				
			: Sity L/3/	iday F	Zip Code
8 The above	named entity submits this statement for t	he purpose of changing its	registered office or register	ered agent, or both, in the State of Florida. I ar	n familiar with, and accept
	ons of registered agent		rogidiyod omiod or rogidio	agoni, or both, with diate of Florida. Far	manifer with and doospt
	(X)110,	a //\/			, , , ,
SIGNATURE _	Signature, typed or printer name of registered agent and	Wile if applicable (MATE	Registered Agent signature require	7-3	1-07
	uary 1 - May 1/Fee is \$150.00	Shire is approached.	- Treglatered Agrini digitalane require	So what constantly	<u> </u>
44.1	After May 1, Fée is \$550.00		ı	9. Election Campaign Financing	\$5.00 May Be
Make Chack	Amended AR is \$61.25 Payable to Florida Department of S	tata		Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND D				<u> </u>
TITLE	PD		TITLE		
NAME	Koulins, Dolly 5211 BOARDWALK S		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL. 3469	`ව	CITY-ST-ZIP	···	
TITLE	ST KOULIAS, DOLLY		TITLE		
NAME	5211 BOARDWALK	< St.	NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
	Holiday, F	C 34670			
TITLE NAME	VP	EA 162	TITLE NAME		
STREET ADDRESS	Cynningham, Ri	~ <1	STREET ADDRESS	DO NOT WE	\
CITY-ST-ZIP	HOUTAN F	34690	CITY-ST-ZIP	DO NOT WR	//
TITLE	Pickering, Robert 5211 BOARDWAL		TITLE	IN THIS SPA	\CE
NAME	Pickering, Kobi	erta	NAME	IN THIS SEA	ICE
STREET ADDRESS	5211, BOARDWAL	KST	STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY. A	EC, 34690	CITY-ST-ZIP		, <u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
TITLE	D	RENEE	TITLE		
NAME Street address	CUNNINGHAM 5211 BOARDWAL	W STORET	NAME STREET ADDRESS		
CITY-ST-ZIP	HOLI day FC	. 34680	CITY-ST-ZIP		
TITLÉ	D. / >	· <u>9 + 9 c -</u>	TITLE		
NAME	¥ 1/2	LV	NAME		
STREET ADDRESS	KOULIAS, DOL 5211 BOARD W	ALK St.	STREET ADDRESS		
CITY-ST-ZIP	HOLINAY.	FC 3469C	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director					
of the corp	poration or the receiver or trustee empo	wered to execute this repo	rt as required by Chapter	e same legal effect as it made under oath; that 607, Florida Statutes; and that my name appe	ears in Block 10 or on an
attachment with an address, with all other like elipowered.					
SIGNATURE: X Ally & oulie PD. 1-31-07 (127) 937-3012					
SIGNATURE AND TYPES OR PRINTED MAME OF SIGNATO PRICER OR DIRECTOR Date Daylime Phone 4					