2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2012
Secretary of State

DOCUMENT# 707050

Entity Name: FOREST CITY COMMUNITY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

172 ALDER COURT
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

172 ALDER COURT
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COFFEY, HARVEY RICHARD
172 ALDER CT
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: COFFEY, RICHARD
Address: 172 ALDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD
Name: COFFEY, DALE
Address: 172 ALDER CT
City-St-Zip: ALTAMONTE SPGS, FL 00000,

Title: TD
Name: MUELLERS, LJEAN
Address: 733 S OVERLOOK DR
City-St-Zip: APOPKA, FL 32703

Title: VD
Name: DOYLE, KENNETH
Address: 141 DAHLIA DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD
Name: COFFEY, MARTY D.
Address: 172 ALDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DVOF
Name: COFFEY, MARK G
Address: 3824 TRADE ST.
City-St-Zip: DELTONA, FL 32738

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: HARVEY RICHARD COFFEY P 03/02/2012

Electronic Signature of Signing Officer or Director — Date