


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90042 047 ****61.25

DOCUMENT # 709182 1. Entity Name FOREST HILLS CIVIC ASSOCIATION, INCORPORATED					
Principal Place of Business 1749 HARPON DRIVE HOLIDAY, FL 34690 US			Mailing Address P.O. BOX 3262 HOLIDAY, FL 34690 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1774557	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BETTS, ERNEST C III 3837 HOLIDAY LAKE DR HOLIDAY, FL 34691			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAMPSCHROER, JOHN		NAME		
STREET ADDRESS	4809 WAKEFIELD CT		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TROY, GORDON		NAME		
STREET ADDRESS	5828 CORKWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34690		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KAMPSCHROER, MARY		NAME	SD KIRSTEN, JANE	
STREET ADDRESS	4809 WAKEFIELD CT		STREET ADDRESS	1627 DOUBLON DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BETTS, ERNEST C III		NAME	BETTS, ERNEST C III	
STREET ADDRESS	3837 HOLIDAY LAKE DR		STREET ADDRESS	3837 HOLIDAY LAKE DR	
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, STAN		NAME		
STREET ADDRESS	1227 BASSWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34690		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRESCIA, JOHN		NAME		
STREET ADDRESS	1730 HARPON DR		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34690		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ernest C. Betts III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			ERNEST C. BETTS III <small>Date</small>		4/22/07 <small>Daytime Phone #</small>
			727.943.8239		