

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709182

FILED
Apr 16, 2009
Secretary of State

Entity Name: FOREST HILLS CIVIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1749 HARPON DRIVE
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3262
HOLIDAY, FL 34692 US

New Mailing Address:

FEI Number: 59-1774557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROY, GORDON
5828 CORKWOOD CT
HOLIDAY, FL 34690 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: VPD () Delete
Name: TROY, GORDON
Address: 5828 CORKWOOD COURT
City-St-Zip: HOLIDAY, FL 34690

Title: SD () Delete
Name: KIRSTEN, JANE
Address: 1627 DOUBLOON DR.
City-St-Zip: HOLIDAY, FL 34690

Title: PTD () Delete
Name: BETTS, ERNEST C III
Address: 3837 HOLIDAY LAKE DR
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: THOMPSON, STAN
Address: 1227 BASSWOOD DR
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: NOLAN, FRAN
Address: 5320 CELCUS DR
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: NOLAN, MARY
Address: 5320 CELCUS DR
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: BRANDT, WILLIAM P
Address: 5317 TAMMY LANE
City-St-Zip: HOLIDAY, FL 34690

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GORDON D. TROY

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date