

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 11, 2012
Secretary of State

DOCUMENT# 721813

Entity Name: FOREST PINES ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779**New Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**Current Mailing Address:**2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779**New Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**FEI Number:** 59-1685026**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCKAY LAW FIRM, P.A.
2055 WOOD ST
STE 120
SARASOTA, FL 34237 US**Name and Address of New Registered Agent:**HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

06/11/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: LEACH, ROGER
Address: 2180 WEST SR 434 SUITE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: VPD
Name: TYSON, ESTHER
Address: 2180 WEST SR 434 SUITE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: SD
Name: MILLER, MELTON
Address: 2180 WEST SR 434 SUITE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: TD
Name: OTTO, JEFF
Address: 2180 WEST SR 434 SUITE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: OTT, GLENN
Address: 2180 WEST SR 434 SUITE 5000
City-St-Zip: LONGWOOD, FL 32779

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: ROGER LEACH

PD

06/11/2012

Electronic Signature of Signing Officer or Director_____
Date