2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725722

FILED Jan 23, 2009 Secretary of State

Entity Name: FORSYTHE COLONY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7100 NW 76TH STREET TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

7100 NW 76TH STREET TAMARAC, FL 33321

FEI Number: 59-1516366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHUGART, CRYSTAL M 6810 NW 7 DR TAMARAC, FL 33321 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:

Name:

Address:

City-St-Zip:

7540 SW 72ND TERR

TAMARAC, FL 33321

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WILBUR, WILLIAM ORTIZ, HENRIETTA Name: Name: 7302 NW 75TH COURT Address: 7509 NW 70TH AVENUE Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

(X) Change () Addition Title: () Delete Title: BELL, EDWARD Name: PERRY, ALBERT Name:

Address: 6808 NW 74TH PLACE Address: 7500 NW 75TH STREET City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: (X) Change () Addition SHUGART, CRYSTAL M SHUGART, CRYSTAL M Name: Name:

6810 N N. 75TH DR Address: Address: 6810 NW 75TH DR City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: (X) Change () Addition

Name: CREWS, BARBARA Name: PAULL, DIANE 7000 NW 74TH PLACE Address: Address: 7100 NW 74TH PLACE City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: (X) Change () Addition

LETTIERI, CLAIRE HROMULAK, GIRINA Name: Name: 7513 NW 70TH AVE 7516 NW 66TH TERRACE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: () Change () Addition DICURCIO, MIKE

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: CRYSTAL M. SHUGART Т 01/23/2009