

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739819

FILED
Mar 10, 2009
Secretary of State

Entity Name: FORESTVIEW VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

CHARLES DANIELS
480 FORESTVIEW DR.
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

CHARLES DANIELS
480 FORESTVIEW DR.
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 59-1810886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, CHARLES
480 FORESTVIEW DR.
ATLANTIS, FL 33401 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: TD () Delete
Name: CLERICI, JACK
Address: 501 FORESTVIEW DR
City-St-Zip: ATLANTIS, FL 33462

Title: PD () Delete
Name: DANIELS, CHARLES
Address: 480 FORESTVIEW DR
City-St-Zip: ATLANTIS, FL 33462

Title: SD () Delete
Name: D'ALTON, MARY A
Address: 514 FORESTVIEW DR
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: BLAIR, RAY MR
Address: 530 FOREST VIEW DR
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: RICHMOND, JOHN DR
Address: 518 FORESTVIEW DR.
City-St-Zip: ATLANTIS, FL 33462

Title: VPD () Delete
Name: VANLITH, RONALD
Address: 481 FORESTVIEW DR.
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: CHARLES DANIELS

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date