
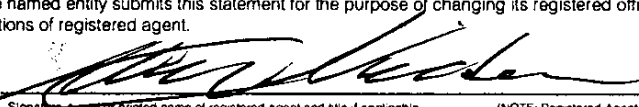
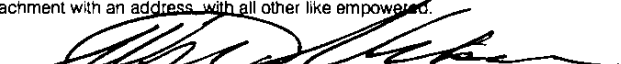


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90182 034 ****61.25

DOCUMENT # 754376 1. Entity Name FOREST HILLS EAST CIVIC ASSOCIATION, INC.					
Principal Place of Business 1913 TUMBLEWEED DR HOLIDAY, FL 34690 US			Mailing Address 1913 TUMBLEWEED DR HOLIDAY, FL 34690 US		
2. Principal Place of Business - No P.O. Box # 5714 Ivy Lane		3. Mailing Address 5714 Ivy Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Holiday FL.		City & State Holiday, FL		4. FEI Number 59-2400920	
Zip 34690		Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLYNN, BETTE 1913 TUMBLEWEED DR. HOLIDAY, FL 34690			7. Name and Address of New Registered Agent Name Wilbert Nickerson Street Address (P.O. Box Number is Not Acceptable) 5714 Ivy Lane City Holiday FL Zip Code 34690		
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  DATE April 23, 2007 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES FLYNN, BETTE 1913 TUMBLEWEED DR. HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Wilbert Nickerson 5714 Ivy Lane Holiday, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICKERSON, WILL 5714 IVY LANE HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. James Lantz 5723 Jackpot Way Holiday, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, MARY 5743 CATSKILL RD HOLIDAY, FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANTZ, HAZEL 5723 JACKPOTWAY HOLIDAY, FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANACH, ANGEL 1722 COSMOS DR HOLIDAY, FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANTZ, JIM 5723 JACKPOT WAY HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David De Ganne 5819 Corkwood Ct. Holiday, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  April 23 2007 727-856-0421 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					