


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 754376 1. Entity Name FOREST HILLS EAST CIVIC ASSOCIATION, INC.	
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Principal Place of Business 5714 IVY LANE HOLIDAY, FL 34690 US	Mailing Address 5714 IVY LANE HOLIDAY, FL 34690 US
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DO NOT WRITE IN THIS SPACE

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2400920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NICKERSON, WILBERT 5714 IVY LANE HOLIDAY, FL 34690
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000954016 07/10/08-80005-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NICKERSON, WILBERT 5714 IVY LANE HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANTZ, JAMES 5923 JACKPOT WAY HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, MARY 5743 CATSKILL RD HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANTZ, HAZEL 5723 JACKPOTWAY HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANACH, ANGEL 1722 COSMOS DR HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGANNE, DAVID 5819 CORKWOOD CT HOLIDAY, FL 34690

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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:  **7/7/08** **727-808-2928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #