

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754376

FILED
Jan 20, 2009
Secretary of State

Entity Name: FOREST HILLS EAST CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

5714 IVY LANE
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

5714 IVY LANE
HOLIDAY, FL 34690 US

New Mailing Address:

FEI Number: 59-2400920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKERSON, WILBERT
5714 IVY LANE
HOLIDAY, FL 34690 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: PRES () Delete
Name: NICKERSON, WILBERT
Address: 5714 IVY LANE
City-St-Zip: HOLIDAY, FL 34690

Title: VP () Delete
Name: LANTZ, JAMES
Address: 5923 JACKPOT WAY
City-St-Zip: HOLIDAY, FL 34690

Title: T () Delete
Name: THOMPSON, MARY
Address: 5743 CATSKILL RD
City-St-Zip: HOLIDAY, FL 34690

Title: S () Delete
Name: LANTZ, HAZEL
Address: 5723 JACKPOTWAY
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: ROMANACH, ANGEL
Address: 1722 COSMOS DR
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: DEGANNE, DAVID
Address: 5819 CORKWOOD CT
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: TERRY, STEAGER
Address: 2037 SUGARBUSH DRIVE
City-St-Zip: HOLIDAY, FL 34690

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
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: WILBERT NICKERSON

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date