2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90109 018 ****70.00

DOCUMENT # 754438

1. Entity Name
FORREST PARK CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5620 HOLLOW OAK ROAD ORLANDO, FL 32808-3414 US	5620 HOLLOW OAK ROAD ORLANDO, FL 32808-3414 US

01102008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2358831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLE, BRANDY ~~5812 CASTLE OAK RD.~~ ORLANDO, FL 32808-3414	Name: Cole, Brandy Street Address (P.O. Box Number is Not Acceptable): 5620 Hollow Oak Rd. City: Orlando FL Zip Code: 32808

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	TD BRANDY, COLE 5620 HOLLOWBAK RD ORLANDO, FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KROPOWENSKY, MIKE 5506 WESTBURY DR ORLANDO, FL 32808	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Waldrop, Sharon 2942 N. Castle Oak Ave. Orlando, FL 32808	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEAVER, PATRICIA 2918 NORTH CASTLE OAK ORLANDO, FL 32808	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Norton, Wynetta 5513 Westfield St. Orlando, FL 32808	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, JAN 5616 CASTLE OAK CT ORLANDO, FL 32808	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Blair, Lauren 5621 Castle Oak Ct. Orlando, FL 32808	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOKEY, KATHY 5612 CASTLE OAK CT ORLANDO, FL 32808	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kropowensky, Michael 5503 Westbury Dr. Orlando, FL 32808	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WALDROP, SHARON 2942 N CASTLE OAK DR ORLANDO, FL 32808	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Blue, Nancy 3127 N. Castle Oak Ave. Orlando, FL 32808	☐ Change ☑ 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: Michael Kropowensky Michael Kropowensky January 10, 2008 407-292-9266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #