

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90022 017 ****61.25

DOCUMENT # 755481

1. Entity Name

FOREST HILLS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**8301 FOREST HILLS RD.
MELROSE FL 32666**

Mailing Address

**8301 FOREST HILLS RD.
MELROSE FL 32666**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2842368

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

**GUNN, KOIN D
5710 LANE PINE TRAIL
MELROSE FL 32666**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **DP** ☐ Delete
NAME **MCGLAMERY, RODNEY**
STREET ADDRESS **5760 TIFFANY LANE**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **V D** ☐ Delete
NAME **ELLIOT, PAMELA**
STREET ADDRESS **5813 LADYBUG LANE**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **DT** ☐ Delete
NAME **ZELINA, LESLEY**
STREET ADDRESS **1186 BELLANY RD**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **D** ☒ Delete
NAME **NORMAN, DEAN**
STREET ADDRESS **PO BOX 505**
CITY-ST-ZIP **LAKE GENEVA FL 32160**

TITLE **DV** ☒ Delete
NAME **CHILDERS, CALVIN**
STREET ADDRESS **5630 LONE PINE TRL**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **DS** ☐ Delete
NAME **HATHAWAY, EMMONS**
STREET ADDRESS **5908 TIFFANY LANE**
CITY-ST-ZIP **MELROSE FL 32666**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV TAHRA WHITE** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1031 BELLANY RD**
CITY-ST-ZIP **MELROSE, FL 32666**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D BRIAN WILLIS** ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 1703**
CITY-ST-ZIP **KEYSTONE HGTS, FL 32656**

TITLE **D JIM STINSON** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5831 LADY BUG LN**
CITY-ST-ZIP **MELROSE, FL 32666**

TITLE **DS TRIXY KADABAUGH** ☐ Change ☒ Addition
NAME
STREET ADDRESS **8207 CACTUS HILL DR**
CITY-ST-ZIP **MELROSE, FL 32666**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Lesley I. Zelina

LESLEY I. ZELINA

2/16/06 352-473-7599