
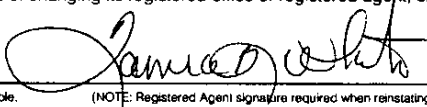
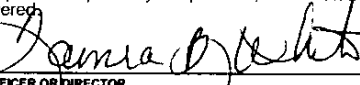


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90043 023 \*\*\*\*61.25

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>DOCUMENT # 755481</b>  |   |   |  |  |   |
| <b>1. Entity Name</b><br>FOREST HILLS PROPERTY OWNERS ASSOCIATION, INC.   |   |   |  |   |   |
| <b>Principal Place of Business</b><br>8301 FOREST HILLS RD.<br>MELROSE, FL 32666  |   |   | <b>Mailing Address</b><br>8301 FOREST HILLS RD.<br>MELROSE, FL 32666   |   |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>   |  |   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |   |
| City & State  |   | City & State  |  |   |   |
| Zip   | Country   | Zip   | Country  | <b>4. FEI Number</b><br>59-2842368  |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GUNN, KOIN D<br>5710 LANE PINE TRAIL<br>MELROSE, FL 32666   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name <u>TAMRA White</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>8301 Forest Hills Rd.</u><br>City <u>Melrose</u> <b>FL</b> Zip Code <u>32666</u> |   |   |
| <b>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.</b>  |   |   |  |   |   |
| SIGNATURE <u>Tamra B. White</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   | <br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  | DATE <u>1/18/07</u>   |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>Make check payable to Florida Department of State</b>  |   |   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>MCGLAMERY, RODNEY<br>5760 TIFFANY LANE<br>MELROSE, FL 32666   | <input checked="" type="checkbox"/> Delete  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | DP<br>WHITE, TAMRA<br>1031 Bellamy Rd.<br>MELROSE, FL 32666         |
|   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>WHITE, TAMRA<br>1031 BELLAMY RD<br>MELROSE, FL 32666          | <input checked="" type="checkbox"/> Delete  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | DV<br>Brian Willis<br>P.O. Box 1703<br>Keystone Heights, FL 32656   |
|   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>ZELINA, LESLEY<br>1186 BELLANY RD<br>MELROSE, FL 32666        | <input checked="" type="checkbox"/> Delete  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | DT<br>Tamara Flanders<br>P.O. Box 333<br>Keystone Heights, FL 32656 |
|   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WILLIS, BRIAN<br>POB 1703<br>KEYSTONE HEIGHTS, FL 32656        | <input checked="" type="checkbox"/> Delete  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | D<br>Ira Hall<br>5811 Lady Bug Lane<br>Melrose, FL 32666            |
|   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>STINSON, JIM<br>5831 LADY BUG LN<br>MELROSE, FL 32666          | <input checked="" type="checkbox"/> Delete  |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | D<br>Jeff Radabaugh<br>8207 Cactus Hill Dr.<br>Melrose, FL 32666    |
|   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>RADABAOUGH, TRIXY<br>8207 CACTUS HILL DR<br>MELROSE, FL 32666 | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             |   |
|   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |
| <b>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.</b> |   |   |  |   |   |
| <b>SIGNATURE:</b> <u>Tamra B. White</u>  <u>1/18/07</u> <u>352-473-8222</u>   |   |   |  |   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  |   |   |
| <small>Date</small>   |   |   |  |   |   |
| <small>Daytime Phone #</small>  |   |   |  |   |   |