

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90080 028 \*\*\*\*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**

40000101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2842368**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**WHITE, TAMARA  
8301 FOREST HILLS RD  
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 **Tamara White**  
**Resident Agent**

registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **DP** ☐ Delete  
NAME **WHITE, TAMARA**  
STREET ADDRESS **1031 BELLAMY RD**  
CITY-ST-ZIP **MELROSE, FL 32666**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Stinson, Jim**  
STREET ADDRESS **5831 Lady Bug Lane**  
CITY-ST-ZIP **Melrose, FL 32666**

TITLE **DV** ☐ Delete  
NAME **WILLIS, BRIAN**  
STREET ADDRESS **PO BOX 1703**  
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE **DV** ☒ Change ☐ Addition  
NAME **Platt, Jeneane**  
STREET ADDRESS **8228 Cactus Hill Dr**  
CITY-ST-ZIP **Melrose, FL 32666**

TITLE **DT** ☐ Delete  
NAME **FLANDERS, TAMARA**  
STREET ADDRESS **PO BOX 333**  
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE **DT** ☒ Change ☐ Addition  
NAME **Schwab, Sandra**  
STREET ADDRESS **8134 Forest Hills Road**  
CITY-ST-ZIP **Melrose, FL 32666**

TITLE **D** ☐ Delete  
NAME **HALL, IRA**  
STREET ADDRESS **5811 LADY BUG LANE**  
CITY-ST-ZIP **MELROSE, FL 32666**

TITLE **D** ☒ Change ☐ Addition  
NAME **Smith, Robin**  
STREET ADDRESS **P.O. Box 1428**  
CITY-ST-ZIP **Keystone Heights, FL 32656**

TITLE **D** ☐ Delete  
NAME **RADABAUGH, JEFF**  
STREET ADDRESS **8207 CACTUS HILL DR**  
CITY-ST-ZIP **MELROSE, FL 32666**

TITLE **D** ☒ Change ☐ Addition  
NAME **Mullett, Sherri**  
STREET ADDRESS **8186 Cactus Hill Dr.**  
CITY-ST-ZIP **Melrose, FL 32666**

TITLE **DS** ☐ Delete  
NAME **RADABAUGH, TRIXY**  
STREET ADDRESS **8207 CACTUS HILL DR**  
CITY-ST-ZIP **MELROSE, FL 32666**

TITLE **DS** ☒ Change ☐ Addition  
NAME **Radabaugh, Trixie**  
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 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:

*James R. Stinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-2008