2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 755481

Entity Name: FOREST HILLS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8301 FOREST HILLS RD.
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

8301 FOREST HILLS RD.
MELROSE, FL 32666

New Mailing Address:

FEI Number: 59-2842368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUNN, BO
8301 FOREST HILLS RD
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

GUNN, KOIN
8301 FOREST HILLS RD
MELROSE, FL 32666 US

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: KOIN GUNN 02/10/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PERRAULT, ALBERT
Address: 101 FOREST HILLS ROAD
City-St-Zip: MELROSE, FL 32666

Title: DV ( ) Delete
Name: STINSON, JIM
Address: 5831 LADY BUG LANE
City-St-Zip: MELROSE, FL 32666

Title: DT ( ) Delete
Name: SCHWAB, SANDRA M
Address: 8134 FOREST HILLS RD
City-St-Zip: MELROSE, FL 32666

Title: DO ( ) Delete
Name: HALL, IVA
Address: 5811 LADY BUG LANE
City-St-Zip: MELROSE, FL 32666

Title: DO ( ) Delete
Name: NORMAN, DEAN
Address: P.O. BOX 505
City-St-Zip: LAKE GENEVA, FL 32160

Title: DS ( ) Delete
Name: SCHWAB, SANDRA M
Address: 8134 FOREST HILLS ROAD
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: SANDRA M. SCHWAB DS 02/10/2009
Electronic Signature of Signing Officer or Director — Date