2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# 760146

Entity Name: FOREST VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14053 NORTHUMBERLAND #103
FT. MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

14053 NORTHUMBERLAND #103
FT. MYERS, FL 33908 US

New Mailing Address:

FEI Number: 59-2482173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, KATHLEEN
14053 NORTHUMBERLAND DR SW
#103
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HOPPENJANS, A. J.	
Address:	2525 MULLIGAN LANE	
City-St-Zip:	BELLEVILLE, FL 62220	
Title:	D	( ) Delete
Name:	FARST, STEPHEN	
Address:	14053 NORTHUMBERLAND DR #201	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	TSD	( ) Delete
Name:	KELLY, KATHLEEN	
Address:	14053 NORTHUMBERLAND DR #103	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	VPD	( ) Delete
Name:	DELL, JEFFREY	
Address:	216 EILER ROAD	
City-St-Zip:	BELLEVILLE, IL 62223	
Title:	D	( ) Delete
Name:	HOLLIDAY, DAN	
Address:	31 SHALLOWBROOK DR	
City-St-Zip:	O FALLON, IL 62269	

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:	

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: KATHLEEN KELLY TSD 01/17/2009

Electronic Signature of Signing Officer or Director — Date