

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770297

FILED  
Feb 09, 2007  
Secretary of State

**Entity Name:** FOREST GREEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2032 GRAY BIRCH WAY  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2032 GRAY BIRCH WAY  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-2927147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMSON, JANIS M  
2032 GRAY BIRCH WAY  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

SANDS, CHRISTOPHER T  
2032 GRAY BIRCH WAY  
TALLAHASSEE, FL 32308 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: CHRISTOPHER T SANDS

02/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMSON, JANIS M  
Address: 2032 GRAY BIRCH WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete  
Name: SANDS, VALERIE  
Address: 2023 GRAY BIRCH WAY  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: SD ( ) Delete  
Name: CIRIONI, TRACI  
Address: 2060 WHITE ASH WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD (X) Delete  
Name: SANDS, CHRISTOPHER  
Address: 2023 GRAY BIRCH WAY  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SANDS, CHRISTOPHER T  
Address: 2032 GRAY BIRCH WAY  
City-St-Zip: TALLAHASSEE, FL 32308

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 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: VALERIE L SANDS

TD

02/09/2007

Electronic Signature of Signing Officer or Director

Date