

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770297

FILED
Jan 28, 2009
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:

SANDS, CHRISTOPHER T
2032 GRAY BIRCH WAY
TALLAHASSEE, FL 32308 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: SANDS, CHRISTOPHER T
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: VPD () Delete
Name: WILSON, THERESA
Address: 1998 COPPER BEECH COURT
City-St-Zip: TALLAHASSEE, FL 32308

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:

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: VALERIE L SANDS

TD

01/28/2009

Electronic Signature of Signing Officer or Director

Date