2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N00000004107

Entity Name: FOREST PARK ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

185 CYPRESS PARKWAY
SUITE 7
PALM COAST, FL 32164 US

New Principal Place of Business:

185 CYPRESS PARKWAY
SUITE 700
PALM COAST, FL 32164 US

Current Mailing Address:

PO BOX 350353
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 59-3682091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANNON, FRED JR.
7 FLORIDA PARK DR. N.
SUITE C
PALM COAST, FL 32137 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: COLLINS, ROBERT
Address: 185 CYPRESS PT. PKWY., STE. 700
City-St-Zip: PALM COAST, FL 32164

Title: VP ( ) Delete
Name: CRITES, FAY
Address: 11 CLEMENTINA CT
City-St-Zip: PALM COAST, FL 32137

Title: STD ( ) Delete
Name: LETTIERI, ROSEANN
Address: 185 CYPRESS PT. PKWY., STE. 700
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: NAVES, CHRISTINA
Address: 185 CYPRESS PT. PKWY., STE. 700
City-St-Zip: PALM COAST, FL 32164

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: FRED ANNON, JR. AGNT 02/27/2009
Electronic Signature of Signing Officer or Director Date