

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004107

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

2 CAMINO DEL MAR  
PALM COAST, FL 32137 US

**Current Mailing Address:**

POST OFFICE 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:**

SOUTHERN STATES MANAGEMENT GROUP, INC.  
7 FLORIDA PARK DR. N.  
SUITE C  
PALM COAST, FL 32137 US

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

SOUTHERN STATES MANAGEMENT GROUP, INC.  
2 CAMINO DEL MAR  
PALM COAST, FL 32137 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: FRED ANNON, JR.

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CRITES, FAY  
Address: POST OFFICE BOX 350353  
City-St-Zip: PALM COAST, FL 32135

Title: VPD  
Name: EDWARDS, HOWARD  
Address: POST OFFICE BOX 350353  
City-St-Zip: PALM COAST, FL 32135

Title: STD  
Name: NEELY, DAVE  
Address: POST FFICE BOX 350353  
City-St-Zip: PALM COAST, FL 32135

I hereby 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 all other like empowered.

SIGNATURE: FAY CRITES

PD

04/28/2011

Electronic Signature of Signing Officer or Director

Date