

2001 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 18, 2001 8:00 am
Secretary of State

04-24-2001 90338 028 ****61.25

DOCUMENT # N00000005661

1. Entity Name

FOREST GREEN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

254 DRIGGS DRIVE
 WINTER PARK FL 32793

Mailing Address

254 DRIGGS DRIVE
 WINTER PARK FL 32793

2. Principal Place of Business

ONE PURLIEU PLACE

Suite, Apt. #, etc.

SUITE 130

City & State

WINTER PARK, FL

Zip

32793

Country

USA

3. Mailing Address

P.O. BOX 4249

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32793

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAHHA, SHERMIN
 254 DRIGGS DRIVE
 WINTER PARK FL 32793**

7. Name and Address of New Registered Agent

Name

LADHA, SHERMIN

Street Address (P.O. Box Number is Not Acceptable)

ONE PURLIEU PLACE SUITE #130

City

WINTER PARK, FL

FL

Zip Code

32793

8. 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

SHERMIN LADHA

4-17-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D BRYAN, JAMES B III	<input type="checkbox"/> Delete
STREET ADDRESS	254 DRIGGS DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE NAME	D SCHMIDT, CHERYL	<input type="checkbox"/> Delete
STREET ADDRESS	254 DRIGGS DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE NAME	D LADHA, SHERMIN	<input type="checkbox"/> Delete
STREET ADDRESS	254 DRIGGS DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D BRYAN, JAMES B III	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 4249	
CITY-ST-ZIP	WINTER PARK, FL 32793	
TITLE NAME	D SCHMIDT, CHERYL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 4249	
CITY-ST-ZIP	WINTER PARK, FL 32793	
TITLE NAME	D LADHA, SHERMIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 4249	
CITY-ST-ZIP	WINTER PARK, FL 32793	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Shermin Ladha

4-19-01

407-672-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)