

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002464

**FILED**  
**May 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

508-A CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

66 DUNCAN DR  
TALLAHASSEE, FL 32327

**Current Mailing Address:**

P O BOX 1523  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

LANE, PAMELA A  
276 DUNCAN DRIVE  
CRAWFORDVILLE, FL 32327    US

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

MCDONALD, CYNTHIA  
66 DUNCAN DRIVE  
CRAWFORDVILLE, FL 32327    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: CYNTHIA MCDONALD

05/20/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:             P  
Name:            NEWTON, THOMAS G  
Address:        283 DUNCAN DR  
City-St-Zip:    CRAWFORDVILLE, FL 32327 US

Title:             V  
Name:            NEY, KATHLEEN  
Address:        143 DUNCAN DR.  
City-St-Zip:    CRAWFORDVILLE, FL 32327 US

Title:             T  
Name:            MCDONALD, CYNTHIA  
Address:        66 DUNCAN DRIVE  
City-St-Zip:    CRAWFORDVILLE, FL 32327 US

Title:             S  
Name:            WILLIAMS, JESSIC  
Address:        252 DUNCAN DR.  
City-St-Zip:    CRAWFORDVILLE, FL 32327 US

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: CYNTHIA MCDONALD

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05/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date