

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005570

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** FOREST CREEK HOMEOWNERS ASSOCIATION OF SARASOTA, INC.

**Current Principal Place of Business:**

2477 STICKNEY POINT RD  
STE 118A  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

2477 STICKNEY POINT RD  
STE 118A  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 11-3647161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARGUS MANAGEMENT  
2477 STICKNEY POINT RD  
STE 118A  
SARASOTA, FL 34231 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: PRES  
Name: WELICKI, TONI  
Address: 2477 STICKNEY POINT RD  
City-St-Zip: SARASOTA, FL 34231

Title: T  
Name: MILLER, TONIA  
Address: 2477 STICKNEY POINT RD  
City-St-Zip: SARASOTA, FL 34231

Title: SEC  
Name: SANDMANN, ANJANETTE  
Address: 2477 STICKNEY POINT RD  
City-St-Zip: SARASOTA, FL 34231

Title: VP  
Name: LICHTMAN, BARBARA  
Address: 2477 STICKNEY POINT RD  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: ANDRUS, DAVID  
Address: 2477 STICKNEY POINT RD  
City-St-Zip: SARASOTA, FL 34231

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: TONI WELICKI

P

03/12/2012

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

\_\_\_\_\_  
Date