2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N02000006431

Entity Name: FORESTBROOKE COMMUNITY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 05-0544824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: KIRST, CHERYL M
Address: 1031 W MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789

Title: VPD ( ) Delete
Name: FOLK, JAY E
Address: 1031 W MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789

Title: STD ( ) Delete
Name: COOPER, SHERRY M
Address: 1031 W MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DWORKIN, PERRY
Address: 155 HOPEWELL DR
City-St-Zip: OCOEE, FL 34761

Title: VPD (X) Change ( ) Addition
Name: LEON, DAVID
Address: 3484 BIG EAGLE CT
City-St-Zip: OCOEE, FL 34761

Title: TSD (X) Change ( ) Addition
Name: BELLERIVE, DONALD
Address: 173 BEACON POINTE DR
City-St-Zip: OCOEE, FL 34761

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: PERRY DWORKIN PD 03/25/2009

Electronic Signature of Signing Officer or Director — Date