

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90208 016 ****61.25

60030911

DOCUMENT # N02000008427					
1. Entity Name FORSYTHE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % P.O. BOX 15394 TALLAHASSEE, FL 32317-5394			Mailing Address % P.O. BOX 15394 TALLAHASSEE, FL 32317-5394		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03142006 Chg-NP CR2E037 (11/05)	
4. FEI Number 06-1654133				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DANIEL, STEPHANIE A 4506 BARCLAY LANE TALLAHASSEE, FL 32309			Name BAGGETT, IVAN L Street Address (P.O. Box Number is Not Acceptable) 3981 FORSYTHE PARK CT. City TALLAHASSEE FL Zip Code 32309		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Ivan L. Baggett</u> IVAN L. BAGGETT, PRESIDENT 3/14/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME DANIEL, STEPHANIE A STREET ADDRESS 4506 BARCLAY LANE CITY-ST-ZIP TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete		TITLE PD NAME BAGGETT, IVAN L STREET ADDRESS 3981 FORSYTHE PARK CT CITY-ST-ZIP TALLAHASSEE, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME PAVONE, YVETTE M STREET ADDRESS 4036 FORSYTHE PARK CIR CITY-ST-ZIP TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete		TITLE VD NAME DANIEL, ELLA-MAE P STREET ADDRESS 3974 FORSYTHE PARK CT CITY-ST-ZIP TALLAHASSEE, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME NADIA SCHEFFERS, PAULETTE M STREET ADDRESS 3956 FORSYTHE PARK COURT CITY-ST-ZIP TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete		TITLE SD NAME McPAUL, JACQUELINE A STREET ADDRESS 3988 FORSYTHE PARK CT CITY-ST-ZIP TALLAHASSEE, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SCHEFFERS, MARTEN K STREET ADDRESS 3956 FORSYTHE COURT CITY-ST-ZIP TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete		TITLE TD NAME JUMP, DEBARA STREET ADDRESS 3951 FORSYTHE PARK CT. CITY-ST-ZIP TALLAHASSEE, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ivan L. Baggett</u> IVAN L. BAGGETT 4/27/06 8509427905 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					