

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 006 ****61.25

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

40009918



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032007 Chg-NP CR2E037 (12/06)

4. FEI Number
06-1654133

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAGGETT, IVAN L.
3981 FORSYTHE PARK CT
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BAGGETT, IVAN L**
STREET ADDRESS **3981 FORSYTHE PARK CT**
CITY-STATE-ZIP **TALLAHASSEE, FL 32309**

TITLE **VD** ☐ Delete
NAME **DANIEL, ELLA-MAE P**
STREET ADDRESS **3974 FORSYTHE PARK CT**
CITY-STATE-ZIP **TALLAHASSEE, FL 32309**

TITLE **SD** ☐ Delete
NAME **MCPHAUL, JACQUELINE A**
STREET ADDRESS **3988 FORSYTHE PARK CT**
CITY-STATE-ZIP **TALLAHASSEE, FL 32309**

TITLE **TD** ☒ Delete
NAME **JUMP, DEBARA**
STREET ADDRESS **3951 FORSYTHE PARK CT**
CITY-STATE-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☒ Change ☐ Addition
NAME **BAGGETT, IVAN L**
STREET ADDRESS **3981 FORSYTHE PARK CT**
CITY-STATE-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: Ivan L. Baggett **IVAN L. BAGGETT** 2/3/07 850-942-7905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #