2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Feb 11, 2008 08:00 Al Secretary of State



02052008 No Chg-NP

CR2E037 (4/06)

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 FORSTHE PARK CT TALLAHASSEE, FL 32309

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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				
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTO	DRS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAGGETT, IVAN L 3981 FORSYTHE PARK CT TALLAHASSEE, FL 32309			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIEL, ELLA-MAE P 3974 FORSYTHE PARK CT TALLAHASSEE, FL 32309			/ U00000822938 02/20/08-80018-020 61.25 t
NAME STREET ADDRESS CITY-ST-ZIP	SD MCPHAUL, JACQUELINE A 3988 FORSYTHE PARK CT TALLAHASSEE. FL 32309		DO	NOT WRITE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAGGETT, IVAN L 3981 FORSYTHE PARK CT TALLAHASSEE, FL 32309		IN 1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

IVAN L. BAGGETT

2/5/08

8509427909

Daytime Prione #