


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90026 037 \*\*\*\*61.25

<b>DOCUMENT # N02220</b> 1. Entity Name <b>FOREST MERE TOWNHOUSE COMMUNITY ASSOCIATION, INC</b>																																																																																						
Principal Place of Business <b>P.O. BOX 367274 BONITA SPRINGS, FL 34136</b>			Mailing Address <b>P.O. BOX 367274 BONITA SPRINGS, FL 34136</b>																																																																																			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																				
City & State		City & State																																																																																				
Zip	Country	Zip	Country	4. FEI Number <b>65-0048425</b>																																																																																		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																		
6. Name and Address of Current Registered Agent <b>MOORE, HENRIETA 26560 SOUTHERN PINES DR. #J6 BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																		
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><i>Henrietta C. Moore</i></u> <span style="float: right;">1-16-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																		
<b>Make check payable to Florida Department of State</b>																																																																																						
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>HAUFFE, DAWN</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>26636 SOUTHERN PINES DR. #G1</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>BONITA SPRINGS, FL 34135</b></td> </tr> <tr> <td></td> <td><b>HOLZBERG, ELFIE</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>26510 SOUTHERN PINES DR. #L1</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>BONITA SPRINGS, FL 34135</b></td> </tr> <tr> <td></td> <td><b>MOORE, HENRIETA</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>26560 SOUTHERN PINES DR., #J6</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>BONITA SPRINGS, FL 34135</b></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td></td> <td><b>PRES / TREAS. HENRIETTA MOORE</b></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>26560 SOUTHERN PINES DR. J-6</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>BONITA SPRINGS FL. 34135</b></td> </tr> <tr> <td></td> <td><b>V. PRES. DAWN HAUFFE</b></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>26636 SOUTHERN PINES DR #G-1</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>BONITA SPRINGS FL. 34135</b></td> </tr> <tr> <td></td> <td><b>SEC. ELFIE HOLZBERG</b></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>26510 SOUTHERN PINES DR #L-1</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>BONITA SPRINGS FL. 34135</b></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	Delete		<b>HAUFFE, DAWN</b>	<input type="checkbox"/>	STREET ADDRESS	<b>26636 SOUTHERN PINES DR. #G1</b>		CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>			<b>HOLZBERG, ELFIE</b>	<input type="checkbox"/>	STREET ADDRESS	<b>26510 SOUTHERN PINES DR. #L1</b>		CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>			<b>MOORE, HENRIETA</b>	<input type="checkbox"/>	STREET ADDRESS	<b>26560 SOUTHERN PINES DR., #J6</b>		CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	TITLE	NAME	Change Addition		<b>PRES / TREAS. HENRIETTA MOORE</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	<b>26560 SOUTHERN PINES DR. J-6</b>		CITY-ST-ZIP	<b>BONITA SPRINGS FL. 34135</b>			<b>V. PRES. DAWN HAUFFE</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	<b>26636 SOUTHERN PINES DR #G-1</b>		CITY-ST-ZIP	<b>BONITA SPRINGS FL. 34135</b>			<b>SEC. ELFIE HOLZBERG</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	<b>26510 SOUTHERN PINES DR #L-1</b>		CITY-ST-ZIP	<b>BONITA SPRINGS FL. 34135</b>				<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
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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><i>Henrietta C. Moore</i></u> <span style="float: right;">1/16/07 239-495-2204</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <b>HENRIETTA C. MOORE</b>																																																																																						

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