2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02221

Jul 17, 2008 Secretary of State

Entity Name: FOREST MERE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11595 FORESTMERE DR #108

BONITA SPRINGS, FL 34136

New Mailing Address: Current Mailing Address:

PO BOX 367754

BONITA SPRINGS, FL 34135

FEI Number: 65-0216567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DISNEY, FRANK SHAVER, JOHNNY

11595 FORESTMERE DR 11781 RED HIBISCUS DR

BONITA SPRINGS, FL 34136 US BONITA SPRINGS, FL 34135 US

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: JOHNNY SHAVER 07/17/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete Name:

SMITH, DEBORAH SHAVER, JOHNNY Name: 11560 RED HIBISCUS DR. Address: 11781 RED HIBISCUS DR Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete Title: (X) Change () Addition SHAVER, JOHN Name: DIBARTOLOMEO, LESTER Name: Address: 11781 RED HIBISCUS DR Address: 11574 FOREST MERE DR City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete Title: (X) Change () Addition

FRITZE, SUSAN Name: SCHMIDT, JAMES Name: 11522 FOREST MERE DR. Address: Address: 11631 FOREST MERE DR City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete Title: (X) Change () Addition

Name: DISNEY, FRANK Name: STRAHAN, SARAH 11595 FOREST MERE DR 26585 ROBIN WAY A-3 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: (X) Delete Title: () Change () Addition

LAZARUS, SANFORD Name: Name: 4782 ALBERTSON CT. Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip:

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: JOHNNY SHAVER Ρ 07/17/2008