

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02221

FILED
Oct 11, 2009
Secretary of State

Entity Name: FOREST MERE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11595 FORESTMERE DR
#108
BONITA SPRINGS, FL 34136

New Principal Place of Business:

Current Mailing Address:

PO BOX 367754
BONITA SPRINGS, FL 34135

New Mailing Address:

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:

SHAYER, JOHNNY
11781 RED HIBISCUS DR
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

SAMOUCÉ, MURRELL & GAL PA
5405 PARK CENTRAL COURT
NAPLES, FL 34109 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: ROBERT MURRELL

10/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAYER, JOHNNY
Address: 11781 RED HIBISCUS DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: DIBARTOLOMEO, LESTER
Address: 11574 FOREST MERE DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T () Delete
Name: SCHMIDT, JAMES
Address: 11631 FOREST MERE DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Delete
Name: STRAHAN, SARAH
Address: 26585 ROBIN WAY A-3
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOLZBERG, ELFIE
Address: P O BOX 366762
City-St-Zip: BONITA SPRINGS, FL 34136

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 SHAYER

PRES

10/11/2009

Electronic Signature of Signing Officer or Director

Date