



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90009 046 ****70.00

DOCUMENT # N03000002636 1. Entity Name FOREST PARK NEIGHBORHOOD I ASSOCIATION, INC.			
Principal Place of Business C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104		Mailing Address C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104	
2. Principal Place of Business Cardinal Management Group of South Florida, Inc. 5067 Tamiami Trail East Naples, FL 34113			
Suite, Apt. # 		04162007 Chg-NP CR2E037 (12/06)	
City & State 		4. FEI Number 90-0154447	
Zip 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, GLENN PRES 265 AIRPORT RD S NAPLES, FL 34104		7. Name and Address of New Registered Agent Name Cardinal Management Group Street Address (P.O. Box Number is Not Acceptable) 5067 Tamiami Trail East City Naples FL Zip Code 34113	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, MICHAEL 3979 RECREATION LANE NAPLES, FL 34116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAUREEN BENNETT 3935 Recreation Lane Naples, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Kullich 4034 STOW WAY NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Michael Stein</i>		<i>Maureen Bennett</i> 4-25-07 239-774-0723	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	