

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009739

1. Entity Name
FORSYTH POINTE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
7421 CLARCONA OCOEE RD
ORLANDO, FL 32818

Mailing Address
7421 CLARCONA OCOEE RD
ORLANDO, FL 32818

DO NOT WRITE IN THIS SPACE



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0517469

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNIAN, FRANKLIN O
7421 CLARCONA OCOEE RD
ORLANDO, FL 32818

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000232117
02/16/05 00002 015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEAULIEU, ANDREA
889 ALAFAYA TR
ORLANDO, FL 32828

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENNETT, MICHAEL
889 ALAFAYA TR
ORLANDO, FL 32828

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MUNIAN, FRANK
7421 CLARCONA OCOEE RD
ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frank Munian - Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Feb 8/05 Daytime Phone # _____