

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90061 024 ****61.25

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		
2. Principal Place of Business 6709 ANDREA JANE LANE Suite, Apt. #, etc.		3. Mailing Address 6709 ANDREA JANE LANE Suite, Apt. #, etc.		60011853 	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA		4. FEI Number 65-0517469	
Zip 32807		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNIAN, FRANKLIN O 7421 CLARCONA OCOEE RD ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name BERNAL, JOHN Street Address (P.O. Box Number is Not Acceptable) 6709 ANDREA JANE LANE City ORLANDO FL Zip Code 32807		
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>Jennifer Ayala</u> <u>Jennifer Ayala Treasurer</u> <u>2/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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	D BEAULIEU, ANDREA 889 ALAFAYA TR ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BERNAL, JOHN 6709 ANDREA JANE LANE ORLANDO, FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, MICHAEL 889 ALAFAYA TR ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TORRES, DESIREE 6721 ANDREA JANE LANE ORLANDO, FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNIAN, FRANK 7421 CLARCONA OCOEE RD ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER AYALA, JENNIFER 6726 ANDREA JANE LANE ORLANDO, FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 an other like empowered.					
SIGNATURE: <u>Jennifer Ayala</u> <u>Jennifer Ayala</u> <u>2/2/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					