

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009739

FILED
Apr 30, 2007
Secretary of State

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

Current Principal Place of Business:

6709 ANDREA JANE LN
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

6709 ANDREA JANE LN
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 65-0517469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNAL, JOHN
6709 ANDREA JANE LN
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERNAL, JOHN
Address: 6709 ANDREA JANE LN
City-St-Zip: ORLANDO, FL 32807

Title: S () Delete
Name: TORRES, DESIRES
Address: 6721 ANDREA JANE LN
City-St-Zip: ORLANDO, FL 32807

Title: T () Delete
Name: AYALA, JENNIFER
Address: 6726 ANDREA JANE LN
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN BERNAL

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date