

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003014

FILED
Apr 24, 2007
Secretary of State

Entity Name: FOREST TOWER FARMS HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

125 W DAVIS BLVD
TAMPA, FL 33601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 405
TAMPA, FL 336010405

New Mailing Address:

FEI Number: 20-1990488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLANUEVA, REY
125 W DAVIS BLVD
TAMPA, FL 33601 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: PSTD () Delete
Name: VILLANUEVA, REY
Address: P.O. BOX 405
City-St-Zip: TAMPA, FL 33601

Title: VD () Delete
Name: VILLANUEVA, RICHARD R
Address: P.O. BOX 405
City-St-Zip: TAMPA, FL 33601

Title: D () Delete
Name: MARTINEZ, LAURIE
Address: P.O. BOX 405
City-St-Zip: TAMPA, FL 33601

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 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: REY VILLANUEVA

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date