2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004771

FILED Apr 19, 2007 Secretary of State

Entity Name: FOREST TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1350 ORANGE AVE. SUITE 100 C/O ATTWOOD-PHILLIPS INC WINTER PARK, FL 32789 1350 ORANGE AVE STE 100

WINTER PARK, FL 327894932

Current Mailing Address: New Mailing Address:

1350 ORANGE AVE. SUITE 100 C/O ATTWOOD-PHILLIPS INC WINTER PARK, FL 32789 1350 ORANGE AVE STE 100

WINTER PARK, FL 327894932

FEI Number: 56-2503335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHILLIPS, ROGER V ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789 US

WEAN & MALCHOW PA 646 EAST COLONIAL DR ORLANDO, FL 32803

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: PAUL WEAN 04/19/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HISS, STEVEN YOST, BOB Name: Name:

1155 S. SEMORAN BLVD., SUITE 118 Address: 2321 LAUREL BLOSSOM CIR Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: OCOEE, FL 34761

Title: VD () Delete Title: (X) Change () Addition PEREZ, DENNIS

Name: CORBIN, TROY Name: Address: 1155 S. SEMORAN BLVD., SUITE 118 Address: 2220 LAUREL BLOSSOM CIR

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: OCOEE, FL 34761

Title: STD () Delete Title: DST (X) Change () Addition ANDERSON, MARILYN Name: TIERNEY, SANDY Name:

1155 S. SEMORAN BLVD., SUITE 118 2142 LAUREL BLOSSOM CIR Address: Address:

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: OCOEE, FL 34761

Title: () Delete Title: () Change (X) Addition Name: Name: MC EACHERN, MILDRED

2484 LAUREL BLOSSOM CIR Address: Address: City-St-Zip: City-St-Zip: OCOEE, FL 34761 US

Title: () Delete Title: () Change (X) Addition

REED, TORRES Name: Name:

2285 LAUREL BLOSSOM CIR Address: Address: City-St-Zip: City-St-Zip: OCOEE, FL 34761 US

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: BOB YOST DP 04/19/2007