2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006414

Entity Name: FOREST HILLS ASSOCIATION INC.

FILED Jun 06, 2009 Secretary of State

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

31406 ANNA ST 31718 LAKESIDE DRIVE DELAND, FL 32720 DELAND, FL 32720

Current Mailing Address: New Mailing Address:

31718 LAKESIDE DRIVE 31406 ANNA ST DELAND, FL 32720 DELAND, FL 32720

FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MARLOW, SUZANNE HEBROCK, KIMMIE L PRES 31718 LAKESIDE DRIVE 31406 ANNA ST DELAND, FL 32720 US DELAND, FL 32720

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: KIMMIE L. HEBROCK 06/06/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MARLOW, SUZANNE HEBROCK, KIMMIE L PRES Name: 31406 ANNA ST Address: 31718 LAKESIDE DRIVE Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720

Title: VD Title: (X) Change () Addition () Delete DESANTIS, TRACY Name: GROSS, ROBERT W VICE Name:

Address: 31421 ANNA ST Address: 31621 LAKESIDE DRIVE City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720

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

SANDE, CARLA Name: JOHNSON, KATHY A SEC Name: 44250 LAKE MACK DR. 31652 SKYLINE DRIVE Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720

Title: () Delete Title: **TRES** (X) Change () Addition Name: MARLOW, SUZANNE Name: FRANKLIN, DENNIS C TRES

43941 GRACE AVE Address: 31406 ANNA ST. Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720

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: KIMMIE L. HEBROCK **PRES** 06/06/2009