

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011368

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: FOREST TRACE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

2293 W. EAU GALLIE BOULEVARD  
MELBOURNE, FL 32935

## New Principal Place of Business:

4250 ALFAYA TRAIL  
SUITE 212-345  
OVIEDO, FL 32765

## Current Mailing Address:

2293 W. EAU GALLIE BOULEVARD  
MELBOURNE, FL 32935

## New Mailing Address:

4250 ALAFYA TRAIL  
SUITE 212-345  
OVIEDO, FL 32765

FEI Number: 20-2369526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRNES, KATHRYN  
2293 W. EAU GALLIE BOULEVARD  
MELBOURNE, FL 32935 US

## Name and Address of New Registered Agent:

RELIABLE PROPERTY MANAGERS  
4250 ALAFAYA TRAIL  
SUITE 212-345  
OVIEDO, FL 32935 US

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: CURTIS BURNSIDE

04/10/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BYRNES, KATHRYN  
Address: 2293 W. EAU GALLIE BOULEVARD  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: HAWKES, RICHARD  
Address: 2293 W. EAU GALLIE BOULEVARD  
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CARILLO, KELLY  
Address: 600 CYPRESS OAK CIRCLE  
City-St-Zip: DELAND, FL 32720

Title: VP (X) Change ( ) Addition  
Name: STUMBO, NICOLE  
Address: 614 WHITE OAK WAY  
City-St-Zip: DELAND, FL 32720

Title: S ( ) Change (X) Addition  
Name: BEAULIEU, AUDREY  
Address: 722 CYPRESS OAK CIRCLE  
City-St-Zip: DELAND, FL 32720

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: KELLY CARILLO

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date