

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90026 006 \*\*\*\*61.25

**DOCUMENT # N04000011368**

1. Entity Name  
**FOREST TRACE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**135 W. PINEVIEW ST.  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**135 W. PINEVIEW ST.  
ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business - No P.O. Box #  
**225 S WESTMONTE DR**

3. Mailing Address  
**PO BOX 162147**

Suite, Apt. #, etc.  
**Suite 3310**

Suite, Apt. #, etc.

City & State  
**Altamonte Springs, FL**

City & State  
**Altamonte Springs, FL**

01222008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-2369526**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip  
**32714**

Country  
**US**

Zip  
**32714-2147**

Country  
**US**

**6. Name and Address of Current Registered Agent**

**PRESIDENTIAL GROUP SOUTH, INC.  
135 W PINEVIEW ST  
ALTAMONTE SPINGS, FL 32714**

**7. Name and Address of New Registered Agent**

Name **Ellen R. Womack**

Street Address (P.O. Box Number is Not Acceptable)  
**225 S. Westmonte Drive**

**Suite 3310**

City **Altamonte Springs** **FL** Zip Code **32714**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Ellen R. Womack**

**Ellen R. Womack**

**1/22/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **CARILLO, KELLY**  
STREET ADDRESS **600 CYPRESS OAK CIRCLE**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **VP** ☒ Delete  
NAME **STUMBO, NICOLE**  
STREET ADDRESS **614 WHITE OAK WAY**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **S** ☒ Delete  
NAME **BEAULIEU, AUDREY**  
STREET ADDRESS **722 CYPRESS OAK CIRCLE**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P** ☐ Change ☒ Addition  
NAME **Stilphen, Eric**  
STREET ADDRESS **518 Cypress Oak Circle**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **T** ☐ Change ☒ Addition  
NAME **Sweigart, Jerry**  
STREET ADDRESS **512 Cypress Oak Circle**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **S** ☐ Change ☒ Addition  
NAME **Barnick, Kim**  
STREET ADDRESS **504 Cypress Oak Circle**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Kim Barnick**

**Kim Barnick**

**1/22/08 407-682-3443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #