

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 23, 2008
Secretary of State

DOCUMENT# N04000011368

Entity Name: FOREST TRACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**225 S WESTMONTE DR STE 3310
ALTAMONTE SPRINGS, FL 32714**New Principal Place of Business:****Current Mailing Address:**POB 162147
WINTER SPRINGS, FL 327192147**New Mailing Address:**POB 162147
ALTAMONTE SPRINGS, FL 327162147**FEI Number:** 20-2369526**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WOMACK, ELLEN R
225 S WESTMONTE DR STE 3310
ALTAMONTE SPRINGS, FL 32714 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:** P () Delete
Name: STILPHEN, ERIC
Address: 518 CYPRESS OAK CIR
City-St-Zip: DELAND, FL 32720**Title:** T () Delete
Name: SWEIGART, JERRY
Address: 512 CYPRESS OAK CIR
City-St-Zip: DELAND, FL 32720**Title:** S () Delete
Name: BARNICK, KIM
Address: 504 CYPRESS OAK CIR
City-St-Zip: DELAND, FL 32720**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 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: ERIC STILPHEN

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date