2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011368

FILED Apr 01, 2009 Secretary of State

| Entity Nam | e: FOREST | TRACE HOME | OWNERS ASS | SOCIATION, INC. | | | |
|--|--|--|------------------|---|---|----------|--|
| O | | -f.B: | | Nove Bain single | Name of Booking and | | |
| Current Principal Place of Business: | | | | New Principal F | Place of Business: | | |
| | TMONTE DR E SPRINGS, | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| POB 16214 ALTAMONT | | FL 327162147 | 7 | | | | |
| FEI Number: 2 | 20-2369526 | FEI Number Aբ | oplied For () | FEI Number Not Applicable | () Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | ered Agent: | Name and Addr | Name and Address of New Registered Agent: | | |
| WOMACK, | | | | | | | |
| | TMONTE DR E SPRINGS, I | | JS | | | | |
| ALTAMONT | E SPRINGS, I | FL 32714 l | | ourpose of changing its regi | stered office or registered agent, or bot | th, | |
| ALTAMONT The above r in the State | E SPRINGS, lamed entity sof Florida. | FL 32714 l | | ourpose of changing its regi | stered office or registered agent, or bot | th, | |
| ALTAMONT The above r | E SPRINGS, named entity s of Florida. E: | FL 32714 | | | stered office or registered agent, or bot Date | th, — | |
| ALTAMONT The above r in the State SIGNATUR | E SPRINGS, named entity s of Florida. E: | FL 32714 Uubmits this sta | tement for the p | ent | | _ | |
| ALTAMONT The above r in the State SIGNATUR | E SPRINGS, named entity s of Florida. E: Electroni AND DIRECT | FL 32714 Unumits this state of Common | tement for the p | ent | Date | _ | |
| ALTAMONT The above r in the State SIGNATUR OFFICERS Title: Name: Address: | E SPRINGS, named entity s of Florida. E: Electroni AND DIRECT P () STILPHEN, ERIC 518 CYPRESS C DELAND, FL 32 | ubmits this sta c Signature of CORS: Delete COAK CIR 720 Delete RRY DAK CIR | tement for the p | ent ADDITIONS/CH, Title: Name: Address: | Date ANGES TO OFFICERS AND DIRECTO | _ | |

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 04/01/2009