

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011368

FILED  
Mar 31, 2010  
Secretary of State

**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:**

225 S WESTMONTE DR  
STE #3310  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

POB 162147  
ALTAMONTE SPRINGS, FL 327162147

**New Mailing Address:**

PO BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US

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:**

VISTA COMMUNITY ASSOCIATION MANAGEMENT, IN  
225 S WESTMONTE DR  
#3310  
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R WOMACK

03/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STILPHEN, ERIC  
Address: 518 CYPRESS OAK CIR  
City-St-Zip: DELAND, FL 32720

Title: T  
Name: SWEIGART, JERRY  
Address: 512 CYPRESS OAK CIR  
City-St-Zip: DELAND, FL 32720

Title: S  
Name: BARNICK, KIM  
Address: 504 CYPRESS OAK CIR  
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

SIGNATURE: ERIC STILPHEN

P

03/31/2010

Electronic Signature of Signing Officer or Director

Date