## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N04636

1. Entity Name



**FILED** Mar 10, 2006 8:00 am Secretary of State

| THE VILLAS OF FOREST PARK CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.  |  |  |   |               | 03-10-2006 90007 021 ****61.25                                      |                  |             |                          |                        |
|---|--|--|---|---------------|---|------------------|-------------|--------------------------|------------------------|
| Principal Plac  | e of Business  | Mailing Address  |   |               |   |                  |             |                          |                        |
| 251 WINDWARD PASSAGE<br>SUITE F<br>CLEARWATER BEACH FL 33767<br>US  |  | 251 WINDWARD PASSAGE<br>SUITE F<br>CLEARWATER BEACH FL 33767<br>US |   |               |   |                  |             |                          |                        |
| 2. Principal P  | Place of Business  | 3. Mailing Address   |   |               |   |                  |             |                          |                        |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |               |   | • •              |             |                          |                        |
| Suile, Apt. #, 8tc.   |  | Solie, Apr. 4, etc.  |   |               | 1st MOORE CR2E037 (10/05)   |                  |             |                          |                        |
| City & State  |  | City & State   |   |               | 4. FEI Number Applied For S9-6820404 Not Applied by Not Applied Por |                  |             |                          |                        |
| Zip   | Country  | Zip  | Country   |               | 5. Certificate of St  |                  |             | \$8.75 Ad                |                        |
| N   | 6. Name and Address of Curren  | t Registered Agent   | ····  |               | 7. Name and Add   | iress of New Ro  | egistered i |                          |                        |
|   |  |  | Name  |               |   |                  |             |                          |                        |
| 251   | NOBLES MANAGEMENT<br>WINDWARD PASSAGE  | Street Address   |   | Address (F    | P.O. Box Number is  | Not Acceptable   | :)          |                          |                        |
|   | TE F<br>ARWATER BEACH FL 3370  | £7   |   |               |   |                  |             |                          |                        |
| CLL   | ANWATER BEACHTE 337  | 01   | City  |               |   |                  | FL          | Zip Cod                  | de                     |
| 8. The above  | named entity submits this statement f  | or the purpose of changing its re                                  | egistered office a  | r reaister    | ed agent, or both, in   | the State of Flo |             | familiar with            | and accept             |
|   | tions of registered agent.   |  | -9  | <b>.</b>      |   |                  |             |                          | ,                      |
|   |  |  |   |               |   |                  |             |                          |                        |
| SIGNATURE .   | Signature, lyped or printed name of registered ager  | nt and title if applicable (NOTE-                                  | Registered Agent signal   | ture required | when reinstating)   |                  | DATE        |                          |                        |
|   | FILE NOW: FEE IS \$61.25   | · ·  |   |               |   |                  |             |                          |                        |
|   | Due By May 1, 2006   | Trust Fund Co  | paign Financing ontribution.  |               | \$5.00 May Be<br>Added to Fees                                      |                  |             | k Payable<br>tment of    |                        |
| 10.   |  | Trust Fund Co  |   | <u> </u>      |   | Florid           | la Depar    | tment of                 | State                  |
| TITLE<br>NAME<br>STREET ADDRESS   | OFFICERS AND D SD ARNOLD, GLEN 2333 BEVERLY DR.  | Trust Fund Co  | 11. TITLE NAME STREET ADDRESS   | <u> </u>      | Added to Fees   | Florid           | la Depar    | tment of                 | State                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | OFFICERS AND D SD ARNOLD, GLEN 2333 BEVERLY DR. DUNEDIN FL 34698   | Trust Fund Co  | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <u> </u>      | Added to Fees   | Florid           | la Depar    | RECTORS IN Change        | State N 10 Addition    |
| TITLE<br>NAME<br>STREET ADDRESS   | OFFICERS AND D SD ARNOLD, GLEN 2333 BEVERLY DR.  | Trust Fund Co  | 11. TITLE NAME STREET ADDRESS   | <u> </u>      | Added to Fees   | Florid           | la Depar    | RECTORS I                | State                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | OFFICERS AND D  SD ARNOLD, GLEN 2333 BEVERLY DR. DUNEDIN FL 34698 PD CASSELS, DENNIS 1553 LYNDA LANE   | Trust Fund Co  | 11. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | , A           | Added to Fees  ADDITIONS/CHANG                                      | ES TO OFFICE     | RS AND DI   | RECTORS if Change        | State N 10 Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | OFFICERS AND D SD ARNOLD, GLEN 2333 BEVERLY DR. DUNEDIN FL 34698 PD CASSELS, DENNIS 1553 LYNDA LANE DUNEDIN FL 34698 TD BUNNELL, KEN 1530 REBECCA LANE   | Trust Fund Co  | 11. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | , A           | Added to Fees   | ES TO OFFICE     | RS AND DI   | RECTORS if Change        | N 10                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND D SD ARNOLD, GLEN 2333 BEVERLY DR. DUNEDIN FL 34698 PD CASSELS, DENNIS 1553 LYNDA LANE DUNEDIN FL 34698 TD BUNNELL, KEN 1530 REBECCA LANE DUNEDIN FL 34698 D BUNCH, EDGAR 1548 LYNDA LANE | Trust Fund Co  | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | , A           | Added to Fees  ADDITIONS/CHANG                                      | ES TO OFFICE     | RS AND DI   | RECTORS IT Change Change | N 10 Addition Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** 

3/2/a.