## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 15, 2008 8:00 am Secretary of State

DOCUMENT # N0500000839  1. Entity Name PARK FOREST PHASE V HOMEOWNERS' ASSOCIATION, INC.				05-15-2008 90022 033		
Principal Place of Business 4441 SOUTH TAMIAMI TRAIL SUITE B SARASOTA, FL 34231  Principal Place of Business Mailing Address P.O. BOX 21238 SARASOTA, FL 34276				A LEGATOR ON POINT BOTH BOTH BOTH BOTH BOTH BOTH BOTH	DIN HITTO HITO HINDH HE ITO:	
A21 TOMOKE Or PO			429			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04162008 Chg-NP CR2E03	37 (12/06)	
Ety & State	lewood PC	Englewood		4. FEI Number 20-2632758	Applied For Not Applicable	
342	23 - Saraso 12	34295	Salas at	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	Nome	7. Name and Address of New Registered	Agent	
JOHNSON MICHAEL J.			Name	PAUMA L. ICTM		
4441 SOUTH TAMIAMI TRAIL SUITE B			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
SARASOT	'A, FL 34231		City C			
				(Engle 12002 FL   34323)		
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  Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$61.25  9. Election Campaign Financing						
	Filing Fee is \$61.25	9. Election Campa			k payable to rtment of State	
10.	Due by May 1, 2008  OFFICERS AND DIR	Trust Fund Con	11.		rtment of State	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	9. Election Campa Trust Fund Con	ntribution. E	Added to Fees Florida Depar	rtment of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD JOHNSON, MICHAEL J P.O. BOX 21238 SARASOTA, FL 34276 SD COLE, MARIE P.O. BOX 21238	Trust Fund Con	Atribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Added to Fees Florida Depar	RECTORS IN 10	
NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD JOHNSON, MICHAEL J P.O. BOX 21238 SARASOTA, FL 34276 SD COLE, MARIE	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees Florida Depar	RECTORS IN 10 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PILING Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND DIR  PD JOHNSON, MICHAEL J P.O. BOX 21238 SARASOTA, FL 34276 SD COLE, MARIE P.O. BOX 21238 SARASOTA, FL 34276 T HAYNE, BILL P.O. BOX 21238	Trust Fund Con  ECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees Florida Depart ADDITIONS/CHANGES TO OFFICERS AND DIE Jacqueline Corry P.O. Box 429 Engle wood FL 3	RECTORS IN 10  Change Addition  Change SAddition  Change Addition	
TITLE NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	PILING Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND DIR  PD JOHNSON, MICHAEL J P.O. BOX 21238 SARASOTA, FL 34276 SD COLE, MARIE P.O. BOX 21238 SARASOTA, FL 34276 T HAYNE, BILL P.O. BOX 21238 SARASOTA, FL 34276 D TERRY, EDWARD L P.O. BOX 21238	Trust Fund Con  ECTORS  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees Florida Depar	RECTORS IN 10  Change Addition  Change SAddition  Change Addition	
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14. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida 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 earl; 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4)508

Date

Daytime Phone #