
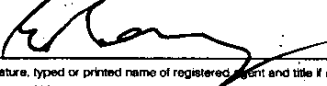



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-15-2008 90022 033 ****61.25

DOCUMENT # N05000000839					
1. Entity Name PARK FOREST PHASE V HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4441 SOUTH TAMiami TRAIL SUITE B SARASOTA, FL 34231			Mailing Address P.O. BOX 21238 SARASOTA, FL 34276		
2. Principal Place of Business - No P.O. Box # 421 TOMOKA DR		3. Mailing Address PO Box 429			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Englewood FL		City & State Englewood FL		4. FEI Number 20-2632758	
Zip 34223		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, MICHAEL J 4441 SOUTH TAMiami TRAIL SUITE B SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name: Edward L. Terry Street Address (P.O. Box Number is Not Acceptable): 421 TOMOKA DR City: Englewood FL Zip Code: 34223		
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: 				DATE: 4/25/08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, MICHAEL J P.O. BOX 21238 SARASOTA, FL 34276	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, MARIE P.O. BOX 21238 SARASOTA, FL 34276	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacqueline Corry P.O. Box 429 Englewood FL 34295 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYNE, BILL P.O. BOX 21238 SARASOTA, FL 34276	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, EDWARD L P.O. BOX 21238 SARASOTA, FL 34276	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 429 Englewood FL 34295 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				DATE: 4/25/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	