


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

07-13-2006 90021 050 ****61.25
04-05-2006 90135 025 ****61.25

DOCUMENT # N05000006065					
1. Entity Name FOREST CREEK HOMOWNERS ASSOCIATION OF GAINESVILLE, INC.					
Principal Place of Business 1711 NW 63RD STREET GAINESVILLE, FL 32605			Mailing Address 1711 NW 63RD STREET GAINESVILLE, FL 32605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAIER, FRANK P 4041 B NW 37TH PLACE GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
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 with				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	SCHACKOW, RICHARD L				
STREET ADDRESS	1711 NW 63RD STREET				
CITY - ST - ZIP	GAINESVILLE, FL 32605				
TITLE	D	<input type="checkbox"/> Delete			
NAME	SCHACKOW, HOLLY				
STREET ADDRESS	1711 NW 63RD STREET				
CITY - ST - ZIP	GAINESVILLE, FL 32605				
TITLE	D	<input type="checkbox"/> Delete			
NAME	SAIER, FRANK P				
STREET ADDRESS	4041B NW 37TH PLACE				
CITY - ST - ZIP	GAINESVILLE, FL 32606				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 another like empowered.					
SIGNATURE: <u>14-3-06</u> <u>352 331-0590</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

00043720



03232006 Chg-NP CR2E037 (11/05)

FEF Number SP-059532 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL Zip Code

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 with

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHACKOW, RICHARD L		NAME		
STREET ADDRESS	1711 NW 63RD STREET		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32605		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHACKOW, HOLLY		NAME		
STREET ADDRESS	1711 NW 63RD STREET		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32605		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIER, FRANK P		NAME		
STREET ADDRESS	4041B NW 37TH PLACE		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32606		CITY - ST - ZIP		
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CITY - ST - ZIP			CITY - ST - ZIP		

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SIGNATURE: 14-3-06 352 331-0590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #