

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005179

FILED
Jan 08, 2009
Secretary of State

Entity Name: NORTH FOREST VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2637 MCCORMICK DR.
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2637 MCCORMICK DR.
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 20-5353245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOWERS, G.E.
2637 MCCORMICK DR.
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLOWERS, G.E.
Address: 2637 MCCORMICK DR.
City-St-Zip: CLEARWATER, FL 33759

Title: VD () Delete
Name: MILLER, LARRY
Address: 2637 MCCORMICK DR.
City-St-Zip: CLEARWATER, FL 33759

Title: STD () Delete
Name: WIRES, JESSICA
Address: 2637 MCCORMICK
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: G E FLOWERS

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date