

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005179

**FILED**  
**Feb 08, 2012**  
**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:**

11015 N DALE MABRY HWY  
SUITE A  
TAMPA, FL 33618

**Current Mailing Address:**

2637 MCCORMICK DR.  
CLEARWATER, FL 33759

**New Mailing Address:**

11015 N DALE MABRY HWY  
SUITE A  
TAMPA, FL 33618

**FEI Number:** 20-5353245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, RANDALL J  
2637 MCCORMICK DR.  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

VIDE, AVELINO  
11015 N DALE MABRY HWY  
SUITE A  
TAMPA, FL 33618 US

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: AVELINO VIDE

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RUSSELL, DON J  
Address: 11015 N DALE MABRY HWY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: VD  
Name: SHERIDAN, ROBERT S  
Address: 11015 N DALE MABRY HWY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: STD  
Name: ROSEN, EDWARD  
Address: 11015 N DALE MABRY HWY SUITE A  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: DON RUSSELL

PRES

02/08/2012

Electronic Signature of Signing Officer or Director

Date