


Amended
**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N06000005200	
1. Entity Name Forest Edge Homeowner Association, Inc	

FILED

07 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700102238927
05/14/07--01010--013 **61.25

CR2E037B (8/05)

2. Principal Place of Business 2421 shadeville Rd Suite, Apt. #, etc.		3. Mailing Address 2421 shadeville Rd Suite, Apt. #, etc.	
City & State Crawfordville, FL Zip 32327 Country		City & State Crawfordville, FL Zip 32327 Country	

4. FEI Number 59-3087269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Parrish Barwick	
	Street Address (P.O. Box Number is Not Acceptable) 2421 shadeville Rd	
	City Crawfordville FL	Zip Code 32327

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

FEE IS \$61.25 Initial or Amended AR	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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Parrish Barwick 2421 shadeville Rd Crawfordville, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Pres. Terrell Barwick P.O. Box 695 Crawfordville, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Elise Barwick P.O. Box 247 Crawfordville, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other the empowered.

SIGNATURE:  **5/11/07 850 778 6620**