

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005200

FILED  
Sep 05, 2008  
Secretary of State

**Entity Name:** SLOAN'S FOREST EDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2421 SHADEVILLE ROAD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

2421 SHADEVILLE ROAD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BARWICK, PARRISH  
2421 SHADEVILLE ROAD  
CRAWFORDVILLE, FL 32327 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARWICK, PARRISH  
Address: 2421 SHADEVILLE ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V ( ) Delete  
Name: BARWICK, FERRELL  
Address: P.O. BOX 695  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: O ( ) Delete  
Name: BARWICK, ELISE  
Address: P.O. BOX 247  
City-St-Zip: CRAWFORDVILLE, FL 32327

**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: PARRISH BARWICK

P

09/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date