

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

08 MAR 27 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03132008 Chg-NP CR2E037 (12/06)

| | | | |
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| DOCUMENT # N06000009224 | |  | |
| 1. Entity Name FOREST ROAD 8 COMMUNITY ASSOCIATION INC | | | |
| Principal Place of Business 14675 SW 216 AVE. UMATILLA, FL 32784 | | Mailing Address P O BOX 85 EUSTIS, FL 32727 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address PO Box 162 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Umatilla, FL | |
| Zip | Country | Zip | Country |
| 32784 | | 32784 | USA |
| 4. FEI Number 20-5465033 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | NO \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| THORNTON, NANCY M 20821 SE 141 LANE UMATILLA, FL 32784 | | 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. | | | |
| SIGNATURE <u>Nancy M. Thornton</u> | | DATE <u>3/21/08</u> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O THORNTON, NANCY M 20821 SE 141 LANE UMATILLA, FL 32784 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 30012144473 03/27/08--01038--001 **113.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O VALENTINE, JAMES 14675 SE 216 AVE. UMATILLA, FL 32784 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O DIXON, JANICE 14675 SE 216 AVE. UMATILLA, FL 32784 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lisa Zwak 21990 SE 147 PL Umatilla, FL 32784 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O THORNTON, WILLIAM 14675 SE 216 AVE. UMATILLA, FL 32784 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVE Bindscheatel 21675 SE 148 PL Umatilla, FL 32784 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EDWARDS, CHARLES 14675 SE 216 AVE. UMATILLA, FL 32784 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paul Schoen 14740 SE 215 AVE. Umatilla, FL 32784 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAVERNIER, THOMAS 14675 SE 216 AVE. UMATILLA, FL 32784 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ruth Woodbury 14675 SE 216 AVE. Umatilla, FL 32784 |
| 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 all other like empowered. | | | |
| SIGNATURE: <u>Nancy M. Thornton</u> | | DATE <u>3/21/08</u> DAYTIME PHONE # <u>352-267-5492</u> | |

T. Roberts MAR 21 2008