## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

ANNOAL NEFORT						TEED			
DÖCUMENT # N0600009224  1. Entity Name FOREST ROAD 8 COMMUNITY ASSOCIATION INC				0	8 MAR 2	7 PM 2: 2	28		
-				AL	LAHASS	RY OF STAT SEE. FLORI	E Na		
Principal Place of Business Mailing Address							~/-3		
14675 SW 216 AVE. P O BOX 85 UMATILLA, FL 32784 EUSTIS, FL 32727									
CHARLET, IE 32/07 EUSTIG, IE 32/2/						DENT BITH FORK BRAIN TO	T 8811 8812 1818 1181 1181 1	ikilli il ilki	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 162							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03	3132008	Chg-NP	CR2E037 (12/06)		
City & State		Umatilla,	Umatilla, FL		FEI Number 20-5465	033		oplied For lot Applicable	
Zip	Country Zip 32784  6. Name and Address of Current Registered Agent		Country	5. Certificate of Status Des.			Fee Required		
Name of the second of the seco				7. Name and Address of New Registered Agent					
THORNTON, NANCY M 20821 SE 141 LANE UMATILLA, FL 32784				Street Address (P.O. Box Number is Not Acceptable)					
			City	Cily 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 accepted obligations of registered agent.								, and accept	
Do now My than store									
SIGNATURE  Signature, typed or prighted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to									
Due by May 1, 2008 Trust Fund Contribution.							lake check payable ida Department of \$	I .	
10.	OFFICERS AND D		11.	ADDI	TIONS/CHAI	NGES TO OFFICE	RS AND DIRECTORS I	-	
TITLE NAME	THORNTON, NANCY M	☐ Delete	TITLE NAME		20	10121.	DChange ☐ Change	☐ Addition	
STREET ADDRESS	20821 SE 141 LANE		STREET ADDRES	s	03/27	/08 <del>-</del> -0103:	444473 8001 **!!	3.75 L	
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP						
TITLE NAME	O VALENTINE, JAMES	Delete .	TITLE				☐ Change	Addition	
STREET ADDRESS	14675 SE 216 AVE.		NAME STREET ADDRES	s				ĺ	
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP					1	
TITLE	0	🔀 Delete	TITLE	0		_	☐ Change	Addition Addition	
NAME STHEET ADDRESS-	DIXON, JANICE -14675 SE 216 AVE		NAME - STREET ADDRES		Zwal	47.PL.		1	
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP	21990	1:11a		184		
TITLE	0	Delete	TITLE	0			. Change	Addition	
NAME	THORNTON, WILLIAM	•	NAME	STEVE	Bing	scheate	<i>1</i> – .	_	
STREET ADDRESS CITY-ST-ZIP	14675 SE 216 AVE. UMATILLA, FL 32784		STREET ADORES CITY-\$T-ZIP	~1010			<b>.</b>	)	
TITLE	D	<b>⊠</b> Delete	TITLE	Dwat	ا ۱۵/۱۰	FL 327	Change	Addition	
NAME	EDWARDS, CHARLES	Delete	NAME	Haul !	Schoe	N	C Change	Accilion	
STREET ADDRESS	14675 SE 216 AVE.		STREET ADDRES	5 14740	SE 2	IS AVE.		,	
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP	mat	<u>illa, F</u>	L 3278			
TITLE NAMÉ	D TAVERNIER, THOMAS	🔀 Delete	TITLE NAME	Ruth	מסלגו	dbury	☐ Change	Addition	
STREET ADDRESS	14675 SE 216 AVE.		STREET ADDRES	s 14676	SE 211	DAVE.			
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP	Donati	No 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.									
indicated of the cor	on this report or supplemental report in poration or the receiver or trustee emp	is true and accurate and that mo powered to execute this report a	y signature sha	I have the same	legal effect a	as if made under (	oath; that I am an office	er or director	