

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012197

FILED  
Apr 15, 2007  
Secretary of State

**Entity Name:** FOREST HEIGHTS-HOLLY HILLS AREA NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1505 SUNSET LANE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1505 SUNSET LANE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 59-2308616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KINNISON, MICHAEL  
1505 SUNSET LANE  
TALLAHASSEE, FL 32303 US

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

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: KINNISON, MICHAEL  
Address: 1505 SUNSET LANE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: CRANDALL, PENNY  
Address: 1508 RAA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: V ( ) Delete  
Name: ALLEN, BARBARA  
Address: 2220 SKYLAND DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: RAMSEY, PEGGY  
Address: 1907 RHONDA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: MITCHELL, BERT  
Address: 1710 SUNSET LANE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: MAZUR, CLAIRE  
Address: 1401 RAA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

**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:

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 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: MICHAEL KINNISON

PRES

04/15/2007

Electronic Signature of Signing Officer or Director

Date