

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90129 023 ****70.00

DOCUMENT # N07000001376

1. Entity Name
FORAGE ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
5805 SAUFLEY FIELD ROAD
PENSACOLA, FL 32526

Mailing Address
5805 SAUFLEY FIELD ROAD
PENSACOLA, FL 32526

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072008

Chg-NP

CR2E037 (12/06)

4. FEI Number

26-2415078

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

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 CHARLES W. HEATON X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4-07-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LYNCH, BOBBY**
STREET ADDRESS **2655 BARRINEAU PARK ROAD**
CITY-ST-ZIP **MOLINO, FL 32577**

TITLE **PSTD** ☐ Delete
NAME **STAFFORD, TODD**
STREET ADDRESS **5805 SAUFLEY FIELD ROAD**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **VPD** ☐ Delete
NAME **HEATON, CHARLES W**
STREET ADDRESS **5805 SAUFLEY FIELD ROAD**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: Charles W. Heaton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W. HEATON 4/07/08 850-453-1253
Date Daytime Phone #

CHARLES W. HEATON