2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N08000006131

Entity Name: THE HOMEOWNERS ASSOCIATION OF FOREST COUNTRY 6TH ADDITION, INC.

Current Principal Place of Business:

5159 SOUTHWEST STATE ROAD 247
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

5159 SOUTHWEST STATE ROAD 247
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, ALEX H JR
5159 SOUTHWEST STATE ROAD 247
LAKE CITY, FL 32024 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:	D	( ) Delete
Name:	STEVENS, ALEX H JR	
Address:	5159 SOUTHWEST STATE ROAD 247	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	D	( ) Delete
Name:	BIELLING, PATRICIA S	
Address:	397 SOUTHWEST OYSTER SHELL GLEN	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	D	( ) Delete
Name:	STEVENS, DON R	
Address:	455 SOUTHWEST OYSTER SHELL GLEN	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	D	( ) Delete
Name:	STEVENS, BRANTLEY T	
Address:	243 SOUTHWEST OYSTER SHELL GLEN	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	D	( ) Delete
Name:	BRINKLEY, LISA S	
Address:	234 SOUTHWEST OYSTER SHELL GLEN	
City-St-Zip:	LAKE CITY, FL 32024	

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:	

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: LISA S. BRINKLEY D 04/16/2009

Electronic Signature of Signing Officer or Director — Date