

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003429

FILED
Jan 08, 2010
Secretary of State

Entity Name: FLORIDA RESIDENT OWNED COMMUNITIES, INC.

Current Principal Place of Business:

C/O LEE JAY COLLING & ASSOC., P.A.
529 VERSAILLES DRIVE SUITE 103
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

C/O LEE JAY COLLING & ASSOC., P.A.
529 VERSAILLES DRIVE SUITE 103
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 80-0396912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLING, LEE JAY ESQ
529 VERSAILLES DRIVE SUITE 103
MAITLAND, FL 32751 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
Name: TOTH, JIM
Address: 203 NICKLAUS BOULEVARD
City-St-Zip: N. FT MYERS, FL 33903

Title: D
Name: LESTAGE, ANDRE P
Address: 4174 71ST STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33709

Title: D
Name: JOHNSON, HERBERT
Address: 5517 ADAM DRIVE
City-St-Zip: N FT MYERS, FL 33917

Title: D
Name: DEOPERE, FRANK
Address: 19 HAWAIIAN WAY
City-St-Zip: LEESBURG, FL 34788

Title: D
Name: NUTT, LARRY
Address: 62 KONO CENTER
City-St-Zip: LEESBURG, FL 34788

Title: D
Name: ROSS, SANDRA L
Address: 4851 W GANDY BLVD LOT 15-28
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: LARRY NUTT

D

01/08/2010

Electronic Signature of Signing Officer or Director

Date