

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90025 006 ****61.25

DOCUMENT # N09314

1. Entity Name

FORESTWOOD ASSOCIATION, INC.



Principal Place of Business

2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765
US

Mailing Address

2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2601365

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

LEIGHTON, LENNARD A
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	VPD	<input type="checkbox"/> Delete
NAME	BARBARA, PAUL	
STREET ADDRESS	11760 SPRING TREE LN	
CITY ST ZIP	PORT RICHEY FL 34668	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	HUGHES, JOAN	
STREET ADDRESS	11720 SPRING TREE LANE	
CITY ST ZIP	PORT RICHEY FL 34668	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHRADER, MILDRED	
STREET ADDRESS	11649 HARVEST MOON CIR	
CITY ST ZIP	PORT RICHEY FL 34668	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALO, LORRAINE	
STREET ADDRESS	11716 ROLLING PINE LANE	
CITY ST ZIP	PORT RICHEY FL 34668	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MENKE, CHARLES	
STREET ADDRESS	11723 SPRING TREE LANE	
CITY ST ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT NIXON	
STREET ADDRESS	11725 ROLLING PINE LANE	
CITY ST ZIP	PORT RICHEY, FL 34668	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 E Menke* **CHARLES E MENKE** 2/1/07 862-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40022021

ADDENDUM

2007 Not-For-Profit Corporation Annual Report

Document #N09314

FORESTWOOD ASSOCIATION, INC.

ADDITIONAL OFFICER AND DIRECTOR

ATD

Evan Rich

11719 Rolling Pine Lane

Port Richey, FL 34668