

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09314

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: FORESTWOOD ASSOCIATION, INC.

## Current Principal Place of Business:

2189 CLEVELAND ST  
SUITE 225  
CLEARWATER, FL 33765 US

## New Principal Place of Business:

## Current Mailing Address:

2189 CLEVELAND ST  
SUITE 225  
CLEARWATER, FL 33765 US

## New Mailing Address:

FEI Number: 59-2601365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A  
2189 CLEVELAND ST  
STE 225  
CLEARWATER, FL 33765 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: VPD ( ) Delete  
Name: EVAN, RICH  
Address: 11719 ROLLING PINE LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: ASD ( ) Delete  
Name: HUGHES, JOAN  
Address: 11720 SPRING TREE LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: TD ( ) Delete  
Name: SCHRADER, MILDRED  
Address: 11649 HARVEST MOON CIR  
City-St-Zip: PORT RICHEY, FL 34668

Title: SD ( ) Delete  
Name: WALO, LORRAINE  
Address: 11716 ROLLING PINE LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: PD ( ) Delete  
Name: MENKE, CHARLES  
Address: 11723 SPRING TREE LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: RICH, EVAN  
Address: 11719 ROLLING PINE LANE  
City-St-Zip: PORT RICHEY, FL 34668

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: ATD ( ) Change (X) Addition  
Name: GLOSSER, WAYNE  
Address: 11707 HARVEST MOON CIRCLE  
City-St-Zip: PORT RICHEY, FL 34668

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: CHARLES MENKE

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date