
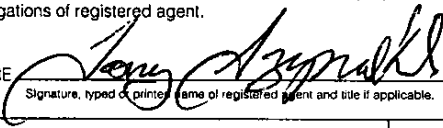



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90982 037 ****61.25

DOCUMENT # N10688 1. Entity Name FORREST CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4161 ALDERGATE PLACE WINTER SPRINGS, FL 32708			Mailing Address 5703 RED BUG LAKE, #331 WINTER SPRINGS, FL 32708 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2673967	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOWREY, CURT PD 4161 ALDERGATE PLACE WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name Tony Szynaka VD Street Address (P.O. Box Number is Not Acceptable) 3801 Aldergate Pl City Winter Springs FL Zip Code 32708		
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 		Tony Szynaka VP 4-28-05 (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOWREY, CURT 4161 ALDERGATE PLACE WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTGOMERY, TIM 4190 ALDERGATE PL WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRISON, RENEE 4191 ALDERGATE PL WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shara Mowrey 4161 Aldergate Place Winter Springs, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTER, ROBERT 1308 BANNER CT. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tony Szynaka 3801 Aldergate Pl Winter Springs, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Shara Mowrey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-27-05 Daytime Phone # 407-699-5962	