

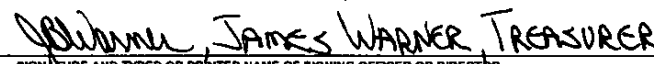


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90210 003 ****61.25

DOCUMENT # N10688 1. Entity Name FORREST CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3801 ALDERGATE PLACE WINTER SPRINGS, FL 32708			Mailing Address 5703 RED BUG LAKE, #331 WINTER SPRINGS, FL 32708 US		
2. Principal Place of Business PO Box 922 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 922 Suite, Apt. #, etc.			
City & State GOLDENROD		City & State GOLDENROD		4. FEI Number 59-2673967	
Zip 32733		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SZYNAKA, TONY 3801 ALDERGATE PL WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name JAMES WARNER Street Address (P.O. Box Number is Not Acceptable) 1346 SCHOONER CT City WINTER SPRINGS FL 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  JAMES WARNER TREASURER <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				4/1/06 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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 MONTGOMERY, TIM 4190 ALDERGATE PL WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR ROBERTO CHAMPNEY 1300 BANNER CT WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOWREY, SHARA 4161 ALDERGATE PLACE WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR JAMES WARNER 1346 SCHOONER CT WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTER, ROBERT 1308 BANNER CT. WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR DAN JALBERT 4070 ALDERGATE PL WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SZYNAKA, TONY 3801 ALDERGATE PL WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR RENE FOSSEY 3981 ALDERGATE PL WINTER SPRINGS, FL 32708	<input checked="" 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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  JAMES WARNER, TREASURER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5/1/06 407-699-1747 <small>Date Daytime Phone #</small>	