


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90201 048 ****61.25

DOCUMENT # N10688 1. Entity Name FORREST CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business PO BOX 922 GOLDENROD, FL 32733 US			Mailing Address PO BOX 922 GOLDENROD, FL 32733 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		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 WARNER, JAMES 1346 SCHOONER CT WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				FL Zip Code			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2007		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 CHAMPNEY, ROBERTO 1300 BANNER CT WINTER SPRINGS, FL 32708		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTERO, PEDRO 3980 ALDERGATE PL WINTER SPRINGS, FL 32708		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD WARNER, JAMES 1346 SCHOONER CT WINTER SPRINGS, FL 32708		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD JALBERT, DAN 4070 ALDERGATE PL WINTER SPRINGS, FL 32708		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD FOSSEY, RENE 3981 ALDERGATE WINTER SPRINGS, FL 32708		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04242007 Chg-NP CR2E037 (12/06)

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59-2673967

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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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: _____

TREASURER - JAMES WARNER

4/24/07 407-699-1747

DATE DAYTIME PHONE #