2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10688

FILED Apr 15, 2008 Secretary of State

Entity Name: FORREST CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 922 3805 ALDERGATE PLACE

GOLDENROD, FL 32733 US WINTER SPRINGS, FL 32708 US

Current Mailing Address: New Mailing Address:

PO BOX 922

GOLDENROD, FL 32733 US

FEI Number: 59-2673967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARNER, JAMES BUTTERFIELD, LANCE 1346 SCHOONER CT 1362 SCHOONER CT

WINTER SPRINGS, FL 32708 US WINTER SPRINGS, FL 32708 US

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: LANCE BUTTERFIELD 04/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 QUINTERO, PEDRO
 Name:
 WILSON, MICHAEL

 Address:
 3980 ALDERGATE PL
 Address:
 3891 ALDERGATE PL

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 WARNER, JAMES
 Name:
 BUTTERFIELD, LANCE

 Address:
 1346 SCHOONER CT
 Address:
 1362 SCHOONER CT

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title: VD () Delete Title: SD (X) Change () Addition

 Name:
 WILSON, MIKE
 Name:
 KEENE, KRISTIN

 Address:
 3891 ALDERGATE PL
 Address:
 1354 SCHOONER COURT

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 WINTER SPRINGS, FL 32708

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Name:WALTER, MELÍNDAName:WALTER, MELÍNDAAddress:1308 BANNER CTAddress:1308 BANNER CT

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

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: LANCE BUTTERFIELD TD 04/15/2008