2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N10688

Entity Name: FORREST CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3805 ALDERGATE PLACE
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

3891 ALDERGATE PLACE
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

PO BOX 922
GOLDENROD, FL 32733 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BUTTERFIELD, LANCE
1362 SCHOONER CT
WINTER SPRINGS, FL 32708 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: PD ( ) Delete
Name: WILSON, MICHAEL
Address: 3891 ALDERGATE PL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete
Name: BUTTERFIELD, LANCE
Address: 1362 SCHOONER CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD ( ) Delete
Name: KEENE, KRISTIN
Address: 1354 SCHOONER COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD ( ) Delete
Name: WALTER, MELINDA
Address: 1308 BANNER CT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 TRES 03/04/2009

Electronic Signature of Signing Officer or Director — Date