

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003687

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** FOREST MEADOWS WEST RESIDENT COUNCIL, INC.

**Current Principal Place of Business:**

4890 RICHARD STREET  
FOREST MEADOWS WEST, APT. 23  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4890 RICHARD STREET  
FOREST MEADOWS WEST, APT. 23  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HAWK, ALBERTA  
4890 RICHARD STREET  
APT. 23  
JACKSONVILLE, FL 32207 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  
Name: HAWK, ALBERTA  
Address: 4890 RICHARD STREET, APT. 23  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD  
Name: KILLINGS, PETRONIA  
Address: 4890 RICHARD STREET, APT. 23  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD  
Name: SMITH, REBA  
Address: 4890 RICHARD STREET, APT. 23  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: WILLIAMS, JOHN  
Address: 4890 RICHARD STREET, APT. 23  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: ALBERTA HAWK

PRES

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date