• FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT •1997



FLORIDA DEPARTMENT, ON STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N14704

(3)

FORESTER WOODS AT CEDAR CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

To lare trail D

97 OCT 31 AM 9: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

5691 SHADY BROOK TERRACE 5691 SNADY BROOK TEL SARASOTA FL 34243 SARASOTA FL 34243 US			ÇE		
		U\$ \		3. Date Incorporated or Qualified 05/02/1986	3a. Date of Last Report 01/12/1996
	lace of Business	2a. Mailing Address	2 1	4. FEI Number 65-0053619	Applied For
21 3633 Suite, Apt	smady acon land	26 3622 Shady Suite, Apt. #, etc.	book lar	7C 02-002018	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	asota Ha	City & Stato 28 Sourcesoft	Ha_	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24) 342 ^L	Country 25 USY	29 24 24 3 29 24 24 3	Country USA	This corporation has liability for i Florida Statutes	ntangible tax under s. 199.032, Yes TYNo
A 078	9. Name and Address of Current F		1 4 0H	10. Name and Address of New Re	
81 Name 4 to - ' - 1 C					
				MONION BCM Address (P.O. Box Number is Not Accepted	101
3622 SHADY BROOK LANE			1 3633 Shady Brook Lane		
SARAS	OTA FL 34243 🔍		83		
	•		84 City (Sarasok	FL 85 Zip Code 24242
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Sphalture, typid or printed name of registered agent and little if applicable. (NOTL Registered Agent signature required when resistating) OAE					
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	BEAR, MARIAH			Bear Mariah D	* lane
STREET ADDRESS	3622 SHADY BROOK LANE		1.3 STREET ADDRESS	3622 Shady Brog	LINE 2
CITY-ST-ZIP	SARASOTA FL 34243	DELETE	1.4 CITY - ST - ZIP		4243
TITLE	VD	DELETE	2.1 TITLE	Roberta Parker	- O Change Addition
NAME OZOFIET ADDOSEGO	SMITH, E. J. 5897 SHADY BROOKWAY		2.2 NAME		xx Lane
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL		2.3 STREET ADDRESS	Sarasota 71	81713
TITLE	TD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	CHAMBERS, BONITA		3.2 NAME	Michael Cohn	D
STREET ADDRESS	5523 SHADY BROOK WAY		3.3 STREET ADDRESS	5827 Shady Broo	i way
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP	Sarrischer II 34	54S
TITLE 1	TD	DELETE	4.1 TITLE	Barita Chamber	☐ Change ☐ Addition
NAME 1	SITH, WEISER	•	4.2 NAME	5523 Shady Bro	
STREE ADDRESS	3995 SHADY BROOK LANE		4.3 STREET ADDRESS	_	1 1
CITY-ST-ZIP TITLE	SARASOTA FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Sarcisota 71 31	Change Addition
NAME		L. Detere	5.2 NAME	gram gram gram gram gram gram gram g	39455-59
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	50000000 -(17052)	9701099025
CITY-ST-ZIP			5.4 CITY - ST - ZIP	*****	.25 *****61.25
TITLE		☐ DELETE	6.1 TITLE	(11)	Change Addition
NAME			6.2 NAME	A,	\mathcal{U}
STREET ADDRESS			6.3 STREET ADDRESS	120) * * *
CITY-ST-ZIP			6.4 CITY-ST-ZIP	11	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

2E037 (9/96)