

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

09172

DOCUMENT # N15197 1. Entity Name FOREST CLUB HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business JOHNNIE B. BYRD, JR. 121 N. COLLINS ST. PLANT CITY, FL 33564		Mailing Address JOHNNIE B. BYRD, JR. 121 N. COLLINS ST. PLANT CITY, FL 33564	
2. Principal Place of Business 3017 PINE CLUB DR Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5484 Suite, Apt. #, etc.	
City & State Plant City, FLA. Zip 33566 Country USA		City & State Plant City, FLA. Zip 33563-0044 Country USA	
4. FEI Number 59-2679302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENBLATT, JEFFREY D TREASUR 2701 PINE CLUB DRIVE PLANT CITY, FL 33566		7. Name and Address of New Registered Agent Name JON L. COURSON Street Address (P.O. Box Number is Not Acceptable) 3017 PINE CLUB DR. City Plant City FL Zip Code 33566	
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. SIGNATURE <u><i>Jon L. Courson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	BERRY, THOMAS		
CITY-ST-ZIP	2803 FOREST CLUB DRIVE PLANT CITY, FL 33566		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	VPD BARKER, MARY		
CITY-ST-ZIP	3503 PINE CLUB CT PLANT CITY, FL 33566		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	TD ROSENBLATT, JEFFREY		
CITY-ST-ZIP	2701 PINE CLUB DR PLANT CITY, FL 33566		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	BM DUABACH, SANDRA		
CITY-ST-ZIP	3024 FOREST CLUB DR PLANT CITY, FL 33566		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	BM SUGGS, RICHARD		
CITY-ST-ZIP	3007 PINE CLUB DR. PLANT CITY, FL 33566		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	P/D JON L. COURSON		
CITY-ST-ZIP	3017 PINE CLUB DR Plant City, FL 33566		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	P/D PETE MURPHY		
CITY-ST-ZIP	2804 FOREST CLUB DR Plant City, FL 33566		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	S/D KEN DRUMMOND		
CITY-ST-ZIP	2909 PINE CLUB DR Plant City, FL 33566		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	T/D SANDRA DAUBACH		
CITY-ST-ZIP	3024 FOREST CLUB DR Plant City, FL 33566		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	D JUNE RAGAN		
CITY-ST-ZIP	2905 PINE CLUB DR Plant City, FL 33566		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	D TERRY MURPHY		
CITY-ST-ZIP	2804 FOREST CLUB DR Plant City, FL 33566		
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: <u><i>Jon L. Courson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Feb. 20, 2006 Daytime Phone # 813-707-8091	

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TALLAHASSEE
REINSTATEMENT 05-06
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Continuing Block 11

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Robert Deliguori
2801 Forest Club Dr.
Plant City, FL 33566

Addition