


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90212 037 \*\*\*\*61.25

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # N15197</b><br>1. Entity Name<br><b>FOREST CLUB HOMEOWNERS ASSOCIATION, INC.</b>  |  |  |  |    |  |
| Principal Place of Business<br><b>3017 PINE CLUB DR<br/>PLANT CITY, FL 33566</b>   |  |  | Mailing Address<br><b>P O BOX 5484<br/>PLANT CITY, FL 33563-0044</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  | 4. FEI Number<br><b>59-2679302</b>  |  |
| Zip  |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COURSON, JON L<br/>3017 PINE CLUB DR<br/>PLANT CITY, FL 33566</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| Make check payable to Florida Department of State  |  |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>COURSON, JON L<br>3017 PINE CLUB DR<br>PLANT CITY, FL 33566    | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D HARRINGTON, DAN<br>2812 FOREST CLUB DR<br>PLANT CITY, FL 33566 |
|  |  |  |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D VD<br>MURPHY, PETE<br>2805 FOREST CLUB DR<br>PLANT CITY, FL 33566  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD   |
|  |  |  |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>DRUMMOND, KEN<br>2909 PINE CLUB DR<br>PLANT CITY, FL 33566     | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D LAWRENCE, DAVID<br>2917 FOREST CLUB DR<br>PLANT CITY, FL 33566 |
|  |  |  |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>DAUBACH, SANDRA<br>3024 FOREST CLUB DR<br>PLANT CITY, FL 33566 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D ORRICO, SHELLEY<br>3005 PINE CLUB DR<br>PLANT CITY, FL 33566   |
|  |  |  |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RAGAN, JUNE<br>2905 PINE CLUB DR<br>PLANT CITY, FL 33566        | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|  |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MURPHY, TERRY<br>2805 FOREST CLUB DR<br>PLANT CITY, FL 33566    | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|  |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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>Jon L. Courson</u> <span style="float: right;">1/9/07 813-707-8091</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  |   |  |