


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90060 020 ****61.25

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| DOCUMENT # N16356 |  |
| 1. Entity Name FOREST OAKS CIVIC ASSOCIATION, INC. | |

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| Principal Place of Business 8101 FOREST OAKS BV SPRING HILL FL 34606 | Mailing Address 8101 FOREST OAKS BV SPRING HILL FL 34606 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E037 (11/03)

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| 4. FEI Number 59-2713515 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TROJANOWSKI, ELIZABETH 8350 SUNFLOWER DRIVE SPRING HILL FL 34606 | 7. Name and Address of New Registered Agent Name MARY MUNDY Street Address (P.O. Box Number is Not Acceptable) 8101 FOREST OAKS BLVD. City SPRING HILL FL Zip Code 34606 |
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| 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 <i>Mary Mundy</i> Signature, typed or printed name of registered agent and title if applicable. | DATE <i>3/19/04</i> (NOTE: Registered Agent signature required when reinstating) |

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROCCO, ROSE 8189 ENGLISH ELM CIRCLE SPRING HILL FL 34606 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRES. KENNETH SCHILL 8019 WOODEN DR. SPRING HILL FL. 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VE PRESIDENT DRY, WALTER 3418 KNOTTY OAKS CIRCLE SPRING HILL FL 34606 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER MARY MUNDY 8065 PAGODA DR. SPRING HILL FL. 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TOJANOWSKI, ELIZABETH 8350 SUNFLOWER DRIVE SPRING HILL FL 34606 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY ANN KORUDA 8168 PHILATELIC DR SPRING HILL FL. 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARK, ALYCE 8184 PHILATELIC DRIVE SPRING HILL FL 34606 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR JUANITA ODOM 8183 WOODEN DR SPRING HILL FL. 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOUT, MARY 8153 ENGLISH ELM CIR SPRING HILL FL 34606 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR FRED BETZ 8185 ENGLISH ELM CR. SPRING HILL FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I 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 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: <i>Mary Mundy Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE <i>3/19/04</i> Daytime Phone # |