2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# N16356

Entity Name: FOREST OAKS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

8101 FOREST OAKS BV
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

8101 FOREST OAKS BV
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 59-2713515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNDY, MARY
8101 FOREST OAKS BLVD
SPRING HILL, FL 34606 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: P ( ) Delete
Name: DRY, SR., WALTER L
Address: 3418 KNOTTY OAKS CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: VP ( ) Delete
Name: LAUER, LORETTA
Address: 8192 PHILATELIC DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: T ( ) Delete
Name: MUNDY, MARY
Address: 8065 PAGODA DR
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete
Name: CLARK, ALYCE
Address: 8184 PHILATELIC DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: S ( ) Delete
Name: KORUDA, ANN
Address: 8168 PHILATELIC DR
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete
Name: ODOM, JUANITA
Address: 8183 WOODEN DRIVE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER L. DRY, SR. P 01/25/2006
Electronic Signature of Signing Officer or Director — Date