

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19891

FILED
May 02, 2007
Secretary of State

Entity Name: FOREST COMMONS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 14861
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 14861
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2978182 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUCHANAN, LINDA G
3611 SEDONA LOOP
TALLAHASSEE, FL 32308 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: T () Delete
Name: BUCHANAN, LINDA
Address: 3611 SEDONA LOOP
City-St-Zip: TALLAHASSEE, FL 32308

Title: V () Delete
Name: POSITION, VACANT
Address: SEDONA LOOP
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: POSITION, VACANT
Address: SEDONA LOOP
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MILES, DALES
Address: 3609 SEDONA LOOP
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: BREWSTER, JASON
Address: 3465 SEDONA LOOP
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: RAMIREZ, LADANYA
Address: 3408 SEDONA LOOP
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: P (X) Change () Addition
Name: MORGAN, CARLA
Address: 3466 SEDONA LOOP
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify 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: LINDA BUCHANAN

T

05/02/2007

Electronic Signature of Signing Officer or Director

Date