

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90418 049 ****61.25

DOCUMENT # N19949

1. Entity Name
THE FOREST VILLAS HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business
C/O PEGASUS PROPERTY MANAGEMENT
17959 S TAMiami TRAIL, STE 100
FT. MYERS, FL 33908 US

Mailing Address
C/O PEGASUS PROPERTY MANAGEMENT
17959 S TAMiami TRAIL, STE 100
FT. MYERS, FL 33908 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0027166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~STILSON, BARBARA~~
C/O PEGASUS PROPERTY MANAGEMENT
17595 S TAMiami TRAIL, STE 100
FT MYERS, FL 33908

Name **MARSDEN, GARY**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD LORETI, SUSAN ☒ Delete
STREET ADDRESS 6078 FOREST VILLAS CIRCLE
CITY-ST-ZIP FT MYERS, FL 33908

TITLE
NAME V/D LONERGAN, BRIGIT ☐ Change ☒ Addition
STREET ADDRESS 6013 FOREST VILLAS CIR.
CITY-ST-ZIP -- FORT MYERS, FL 33908

TITLE
NAME DV MACDONALD, ROD ☐ Delete
STREET ADDRESS 6112 FOREST VILLAS CIRCLE
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE
NAME P/D ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SD BENTLEY, ROY ☒ Delete
STREET ADDRESS 16925 VILLAS SQUARE
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE
NAME D HENRICKSEN, ELIZABETH ☐ Change ☒ Addition
STREET ADDRESS 6213 FOREST VILLAS CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE
NAME D HEUSCHKEL, ROBERT ☒ Delete
STREET ADDRESS 6083 FOREST VILLAS CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE
NAME O/S KRISMAN, JANET ☐ Change ☐ Addition
STREET ADDRESS 6181 FOREST VILLAS CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE
NAME TD SCHIERBERL, PAUL ☐ Delete
STREET ADDRESS 6121 FOREST VILLAS CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Paul W. Schierberl, Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/06