


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90068 010 ****61.25

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|--|---|---|--|--|--|
| DOCUMENT # N20059 1. Entity Name FORESTBROOK V ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 | | | Mailing Address 4174 WOODLANDS PKWY STE. #1 PALM HARBOR, FL 34685 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2445185 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| JAMES, NOLAN C/O FIRST CHOICE ASS MGMT INC 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARR, ROSEMARY 700 STARKEY RD #326 LARGO, FL 33771 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRG JOE BERTUCCI 700 STARKEY RD #321 LARGO, FL 33771 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SHOWERS, CARMEN 700 STARKEY RD LARGO, FL 33771 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FELICIA SARA GOS 700 STARKEY RD #314 LARGO, FL 33771 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MCL HOCH, SHIRLEY 700 STARKEY RD LARGO, FL 33771 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T. THOMAS ABRAM 700 STARKEY RD #334 LARGO, FL 33771 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MERTA, MYRA 700 STARKEY RD LARGO, FL 33771 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC. DIANE FLAHERTY 700 STARKEY RD #323 LARGO, FL 33771 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DR BACH, ERNIE 700 STARKEY RD #365 LARGO, FL 33771 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |