2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State
02-02-2007 90010 021 ****61.25

DOCUMENT # N20958

1. Entity Name
PARK FOREST OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
325 INDIAN RIVER LANE, STE. 2 ENGLEWOOD, FL 34223	325 INDIAN RIVER LANE, STE. 2 ENGLEWOOD, FL 34223

01032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2810828 ☐ 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
MCCLENATHEN, CHAD M ~~C/O LISA WOLINER~~ 1820 Ringling Blvd ~~RINGLING BLVD.~~ SARASOTA, FL 34236	Name 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, 2007

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 / STREET ADDRESS / CITY-ST-ZIP	D HAVARD, ROBERT 252 PARK FOREST BLVD. ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUM, DAVID E 212 PARK FOREST BLVD. ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T-D KRUM E DAVID E 212 PARK Forest BLVD. Englewood, Fl. 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, MICHAEL J 573 INTERSTATE BLVD SARASOTA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-Johnson, Michael J. P.O. Box 21236 Sarasota, Fl. 34276-4238	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EGEBERG, IRENE 409 CYPRESS FOREST DR ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-D Egeberg, Irene 409 Cypress Forest Dr. Englewood, Fl. 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SWEET, PATRICIA 536 WEKIVA RIVER COURT ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Sweet, Patricia 535 Wekiva River Court Englewood, Fl. 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAPIANO, CHARLES J 512 WEKIVA RIVER COURT ENGLEWOOD, FL 34223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-D McGrath, Kathryn 515 Wekiva River Ct. Englewood, Fl. 34223	☐ 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: Kathryn McGrath 1/10/07 941-474-0476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #