

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 09, 2009  
Secretary of State

DOCUMENT# N20960

Entity Name: PARK FOREST, PHASE I, OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

323 INDIAN RIVER LANE  
BOX 8  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

323 INDIAN RIVER LANE  
BOX 8  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 65-0182230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MERCIER, LETETIA M  
508 INDIANA AVE  
ENGLEWOOD, FL 34223      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: D      ( ) Delete  
Name: PODOJIL, JOSEPH  
Address: 319 INDIAN RIVER LN  
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD      ( ) Delete  
Name: GRAYSON, SHIRLEY  
Address: 421 CYPRESS FOREST DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: P      ( ) Delete  
Name: KRUM, DAVID  
Address: PARK FOREST BLVD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP      ( ) Delete  
Name: TAYLOR, MILLY  
Address: 317 INDIAN RIVER LANE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: SD      ( ) Delete  
Name: BROWN, DONNA  
Address: 429 CYPRESS FOREST DR  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: FRAME, THOMAS  
Address: 428 CYPRESS FOREST DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

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

Title: P      (X) Change ( ) Addition  
Name: HELLMANN, LYDIA  
Address: 216 PARK FOREST BLVD  
City-St-Zip: ENGLEWOOD, FL 34223

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 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: SHIRLEY B. GRAYSON

TD

02/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date