

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20960

FILED
Jan 29, 2010
Secretary of State

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:

SCHOECK, JAMES A
430 CYPRESS FOREST DRIVE
ENGLEWOOD, FL 34223 US

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: JAMES A. SCHOECK

01/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: FRAME, THOMAS
Address: 428 CYPRESS FOREST DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD
Name: SCHOECK, JAMES
Address: 430 CYPRESS FOREST DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: P
Name: HELLMANN, LYDIA
Address: 216 PARK FOREST BLVD
City-St-Zip: ENGLEWOOD, FL 34223

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES A. SCHOECK

TD

01/29/2010

Electronic Signature of Signing Officer or Director

Date