2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 02, 2007 8:00 am
Secretary of State
03-02-2007 90029 001 ****30.63
03-02-2007 90029 002 ****30.62

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1. Entity Name
PARK FOREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
325 INDIAN RIVER LANE SUITE 1 ENGLEWOOD, FL 34223 US	325 INDIAN RIVER LANE SUITE 1 ENGLEWOOD, FL 34223 US

01062007 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 65-0182347 ☐ 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
RYAN, JAMES J JR 234 PARK FOREST BLVD ENGLEWOOD, FL 34223	Name ZOR, JEANNE M Street Address (P.O. Box Number is Not Acceptable) 247 PARK FOREST BLVD ENGLEWOOD City FL Zip Code 34223

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 Jeanne M. Zor 2/28/07
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	S SWEET, PATRICIA 535 WEKIVA CT ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, ROBERT 341 FALLING WATERS LANE ENGLEWOOD, FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WIND, DOROTHY M 413 BLUE SPRINGS CT ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WIND, DOROTHY M 413 BLUE SPRINGS CT ENGLEWOOD, FL 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DINATALE, MEREDITH 237 PRK FOREST BLVD ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANZAL, JOHN 544 WEKIVA RIVER CT ENGLEWOOD FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ZOR, JEANNE M 247 PARK FORST BLVD ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ZOR, JEANNE M 247 PARK FOREST BLVD ENGLEWOOD FL 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RYAN, JAMES 234 PARK FOREST BLVD ENGLEWOOD, FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP, BLOCH, DEE 523 WEKIVA RIVER CT ENGLEWOOD, FL 34223	☐ 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: Jeanne M. Zor JEANNE M. ZOR 2/28/07 941-460-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #