2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26450

FILED Jan 18, 2009 Secretary of State

Entity Name: PARK FOREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
325 INDIAN SUITE 1	N RIVER LANE					
	OOD, FL 34223	US				
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
325 INDIAN SUITE 1	N RIVER LANE					
	OOD, FL 34223	US				
FEI Number:	65-0182349	FEI Number Applied For ()	El Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:		
DINATALE, MERRY 237 PRK FOREST BLVD ENGLEWOOD, FL 34223 US			237 PARK	DINATALE, MERRY 237 PARK FOREST BLVD 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:				01/18/2009		
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SD ()E PAUL, LYNN 227 PARK FORE ENGLEWOOD, F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	AT ()[WIND, DOROTH' 413 BLUE SPRIN ENGLEWOOD, F	IGS CT	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WILSON, ROBERT 322 FALLING WATERS LANE ENGLEWOOD, FL 34223		
Title: Name: Address: City-St-Zip:	PD () DINATALE, MERI 237 PRK FORES ENGLEWOOD, F	T BLVD	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition DINATALE, MEREDITH 237 PARK FOREST BLVD ENGLEWOOD, FL 34223		
Title: Name: Address: City-St-Zip:	D ()[HANZAL, JOHN 544 WEKIVA RIV ENGLEWOOD, F		Title: Name: Address: City-St-Zip:	DT (X) Change () Addition PARTRIDGE, RALPH 353 ANASTASIA COURT ENGLEWOOD, FL 34223		
Title: Name: Address: City-St-Zip:	DVP () EBLOCH, DEE 523 WEKIVA RIV ENGLEWOOD, F		Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition SULLIVAN, THOMAS 500 WEKIVA RIVER CT ENGLEWOOD, FL 34223		
Title: Name: Address: City-St-Zip:	DT ()E O'BRIEN, ROBER 341 FALLING WA ENGLEWOOD, F	ATERS LANE	Title: Name: Address: City-St-Zip:	AT (X) Change () Addition WIND, DOROTHY M 413 BLUE SPRINGS CT ENGLEWOOD, FL 34223		

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: MEREDITH DINATALE P 01/18/2009