

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26450

FILED
Jan 19, 2012
Secretary of State

Entity Name: PARK FOREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

325 INDIAN RIVER LANE
SUITE 1
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

325 INDIAN RIVER LANE
SUITE 1
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 65-0182349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

McCLENATHEN, CHAD M
1820 RINGLING BLVD
SARASOTA, FL 34236 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: SD
Name: NEFF, CAROLYN
Address: 225 PARK FOREST BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: RAKES, CHRISTIANE
Address: 519 WEKIVA RIVER CT
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: RICHEY, MOLLY
Address: 400 BLUE SPRINGS CT
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD
Name: PARTRIDGE, RALPH
Address: 353 ANASTASIA COURT
City-St-Zip: ENGLEWOOD, FL 34223

Title: DVP
Name: HERRON, RICHARD
Address: 383 BLUE SPRINGS COURT
City-St-Zip: ENGLEWOOD, FL 34223

Title: T
Name: WIND, DOROTHY M
Address: 413 BLUE SPRINGS CT
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: DOROTHY M WIND

TREA

01/19/2012

Electronic Signature of Signing Officer or Director

Date