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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34045 (7)
1. Corporation Name
THE FOREST HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1989	3a. Date of Last Report 02/17/1994
4. FEI Number 59-3003034	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
8427 SANDRIDGE CT. TALLAHASSEE FL 32310 US		P.O. BOX 7687 TALLAHASSEE FL 32314-7687 US	
2. Principal Place of Business	2a. Mailing Address	21. Principal Place of Business	2a. Mailing Address
21. 8003 BLACKJACK Rd	26. Suite, Apt. #, etc.	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State TALH, FL	28. City & State	24. Zip 32310	29. Country LEON

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHEATWOOD, LINDA 8427 SANDRIDGE CT. TALLAHASSEE FL 32310		81. Name MORGAN, JOHN	82. Street Address (P.O. Box Number is Not Acceptable) 8003 BLACKJACK Rd
		83. City	84. Zip Code TALLAHASSEE FL 32310

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John Morgan JOHN MORGAN x 2-21-95
(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P-T-D ☒ Change ☐ Addition
NAME	CHEATWOOD, LINDA	1.2 NAME	JOHN MORGAN
STREET ADDRESS	8427 SANDRIDGE CT.	1.3 STREET ADDRESS	8003 BLACKJACK Rd
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32310
TITLE	VD	2.1 TITLE	V-D ☒ Change ☐ Addition
NAME	GRIFFIN, MAUREEN	2.2 NAME	SHIRLEY MORRIS
STREET ADDRESS	8400 SANDRIDGE CT.	2.3 STREET ADDRESS	8303 SANDRIDGE CT.
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32310
TITLE	SD	3.1 TITLE	S-D ☒ Change ☐ Addition
NAME	LANGSTON, LENAY	3.2 NAME	EVELYN GREEN
STREET ADDRESS	8040 BLACKJACK RD.	3.3 STREET ADDRESS	8034 PIN OAK Rd
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32310
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	FRENCH, ESTHER	4.2 NAME	
STREET ADDRESS	2643 PIN OAK LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	REED, TOM	5.2 NAME	
STREET ADDRESS	8417 SANDRIDGE CT.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Morgan JOHN MORGAN 2-21-95
(NOTE: Registered Agent signature required when reappointing) DATE