

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

Principal Place of Business  
8003 BLACKJACK ROAD  
TALLAHASSEE FL 32310  
US

Mailing Address  
P.O. BOX 7687  
TALLAHASSEE FL 32314-7687  
US

FILED

97 JUN 19 PM 2: 20

SECRETARY OF STATE



REINSTATEMENT 96-97

|  |                     |   |                     |
|--|---------------------|---|---------------------|
| 2. Principal Place of Business   |                     | 2a. Mailing Address   |                     |
| 21   | Suite, Apt. #, etc. | 26  | Suite, Apt. #, etc. |
| 22 City & State  |                     | 27 City & State   |                     |
| 23   | Zip                 | 28  | Country             |
| 24   | Country             | 29  | Zip                 |
| 3. Date Incorporated or Qualified<br>09/06/1989  |                     | 3a. Date of Last Report<br>03/02/1995                             |                     |
| 4. FEI Number<br>59-3003034  |                     | Applied For<br>Not Applicable                                     |                     |
| 5. Certificate of Status Desired   |                     | 5. Election Campaign Financing<br>Trust Fund Contribution         |                     |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes |                     | 8.75 Additional<br>Fee Required<br>\$5.00 May Be<br>Added to Fees |                     |

9. Name and Address of Current Registered Agent

MORGAN, JOHN  
8003 BLACKJACK ROAD  
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name Shirley D. Morris  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 8303 Sand Ridge Court  
84 Tallahassee, Florida  
85 FL 32310

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Shirley D. Morris  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE 6-19-97

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|---|--|
| TITLE                      | PTD                | 1.1 TITLE   |  |
| NAME                       | MORGAN, JOHN       | 1.2 NAME  |  |
| STREET ADDRESS             | 8003 BLACKJACK RD  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TALLAHASSEE FL     | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                 | 2.1 TITLE   |  |
| NAME                       | MORRIS, SHIRLEY    | 2.2 NAME  |  |
| STREET ADDRESS             | 8303 SANDRIDGE CT  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TALLAHASSEE FL     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD                 | 3.1 TITLE   |  |
| NAME                       | GREEN, EVELYN      | 3.2 NAME  |  |
| STREET ADDRESS             | 8034 PIN OAK RD    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TALLAHASSEE FL     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD                 | 4.1 TITLE   |  |
| NAME                       | FRENCH, ESTHER     | 4.2 NAME  |  |
| STREET ADDRESS             | 2843 PIN OAK LANE  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TALLAHASSEE FL     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                  | 5.1 TITLE   |  |
| 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   |  |
| 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 617.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Shirley D. Morris  
Signature and typed or printed name of signing officer or director  
Date 6-19-97  
Daytime Phone #

CR2E037 (12/95)