

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39479

FILED
Feb 14, 2008
Secretary of State

Entity Name: LA FOREST AT GREEN SPRINGS THE GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-0026308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST CHOICE ASSOCIATION MANAGEMENT
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: D () Delete
Name: BROWN, THOMAS
Address: 1305 WOODCREST AVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD () Delete
Name: SHARPENTIER, STEPHAINIE
Address: 1304 WOODCREST AVENUE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P () Delete
Name: ENNIS, GREGORY
Address: 1308 COUNTRY TRAILS DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TS (X) Delete
Name: AMBLER, DARRYL
Address: 1200 COUNTRY TRAILS DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Delete
Name: KUSHNER, VIRGINIA
Address: 1311 COUNTRY TRAILS DR
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TVP (X) Change () Addition
Name: BROWN, THOMAS
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: PRES (X) Change () Addition
Name: SHARPENTIER, STEPHAINIE
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: SEC (X) Change () Addition
Name: KUSHNER, GINGER
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES NOLAN

AGEN

02/14/2008

Electronic Signature of Signing Officer or Director

Date