

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44358

FILED
Mar 07, 2006
Secretary of State

Entity Name: FOREST EDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE. 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
STE. 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3087269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 W. SR. 434, SATE. 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: MARCZAK, PAUL J
Address: 1327 BLACK WILLOW TR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: KASTNER, KIM
Address: 1350 SASSAFRAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD () Delete
Name: STARKS, ROBERT C
Address: 1329 SASSAFRAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: PELLEGRINO, JIM
Address: 1341 BLACK WILLOW TR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: HUSSEY, GARDNER
Address: 1396 BLACK WILLOW TR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EQUI, BRIAN
Address: 1342 SASSAFRAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: TD (X) Change () Addition
Name: GIGLIETTA, MICHELE
Address: 1322 SASSAFRAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD (X) Change () Addition
Name: PELLEGRINO, JIM
Address: 1341 BLACK WILLOW TR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition
Name: MCADAMS, VINCENT
Address: 1337 AMERICAN ELM DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN EQUI

PD

03/07/2006

Electronic Signature of Signing Officer or Director

_____ Date