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: New Principal Place of Business:

2180 W. SR 434 STE. 5000

LONGWOOD, FL 32779

New Mailing Address: Current Mailing Address:

2180 W. SR 434 STE. 5000

LONGWOOD, FL 32779 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W. SR. 434, SATE. 5000 LONGWOOD, FL 32779 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MARCZAK, PAUL J EQUI, BRIAN Name: Name:

1327 BLACK WILLOW TR. Address: 1342 SASSAFRAS AVE Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: Title: () Delete () Change () Addition

KASTNER, KIM Name: Name: Address: 1350 SASSAFRAS AVE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

STARKS, ROBERT C GIGLIETTA, MICHELE Name: Name: Address: 1329 SASSAFRAS AVE Address: 1322 SASSAFRAS AVE

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

(X) Change () Addition Title: () Delete Title: SD Name: PELLEGRINO, JIM Name: PELLEGRINO, JIM

Address: 1341 BLACK WILLOW TR Address: 1341 BLACK WILLOW TR

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete Title: (X) Change () Addition

HUSSEY, GARDNER MCADAMS, VINCENT Name: Name: 1396 BLACK WILLOW TR 1337 AMERICAN ELM DR Address: Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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