
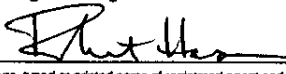



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90064 011 ****61.25

DOCUMENT # N44358			
1. Entity Name FOREST EDGE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 2180 W. SR 434 STE. 5000 LONGWOOD, FL 32779 US		Mailing Address 2180 W. SR 434 STE. 5000 LONGWOOD, FL 32779 US	
2. Principal Place of Business - No P.O. Box # % HARA Management, Inc. Suite, Apt. #, etc. 118 N. Wymore Rd City & State Winter Park, FL Zip 32789 Country ORANGE		3. Mailing Address % HARA Management, Inc. Suite, Apt. #, etc. 118 N. Wymore Rd City & State Winter Park, FL Zip 32789 Country ORANGE	
4. FEI Number 59-3087269		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, JAMES W JR. SENTRY MANAGEMENT INC. 2180 W. SR. 434, SATE. 5000 LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name Robert HARA Street Address (P.O. Box Number is Not Acceptable) % HARA MANAGEMENT, Inc. 118 N. Wymore Rd City Winter Park FL Zip Code 32789	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Robert Hara 2-22-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EQUI, BRIAN 1342 SASSAFRAS AVE ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD William HARRington 1340 SASSAFRAS AVE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KASTNER, KIM 1350 SASSAFRAS AVE ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISA MARCHESKIE 1395 Black Willow Trail ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIGLIETTA, MICHELE 1322 SASSAFRAS AVE ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAROL ANN Licht 1329 Black Willow Trail ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELEGRINO, JIM 1341 BLACK WILLOW TR ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cecil N. Thompson 1379 Black Willow Trail ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCADAMS, VINCENT 1337 AMERICAN ELM DR ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Christopher Toddvine 1363 Black Willow Trail Altamonte Spgs, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		15 MAR 2007 (407) 299-7565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	