2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 006 ****61.25

DOCUMENT # N44358

1. Entity Name
FOREST EDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HARA MANAGEMENT INC.	C/O HARA MANAGEMENT INC.
~~118 N WYMORE RD~~	~~118 N WYMORE RD~~
~~WINTER PARK, FL 32789~~ US	~~WINTER PARK, FL 32789~~ US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 931 S. Semoran Blvd #214	Suite, Apt. #, etc. 931 S. Semoran Blvd #214
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32792 Country US	Zip 32792 Country US

03072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3087269 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARA, ROBERT	Name
C/O HARA MANAGEMENT INC.	Street Address (P.O. Box Number is Not Acceptable)
~~118 N WYMORE RD~~	931 S. Semoran Blvd #214
~~WINTER PARK, FL 32789~~	City Winter Park FL Zip Code 32792

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	SD ☑ Delete	TITLE	P/D ☒ Change ☐ Addition
NAME	HARRINGTON, WILLIAM	NAME	Christopher Toadvine
STREET ADDRESS	13410 SASSAFRAS AVE	STREET ADDRESS	1363 Black willow Tr.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D ☑ Delete	TITLE	S/D ☒ Change ☐ Addition
NAME	MARCHESKIE, LISA	NAME	Cecil N. Thomason
STREET ADDRESS	1395 BLACK WILLOW TRAIL	STREET ADDRESS	1379 Black willow Tr.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	TD ☑ Delete	TITLE	D ☐ Change ☒ Addition
NAME	LICHT, CAROL A	NAME	Thomas Fusco
STREET ADDRESS	13219 BLACK WILLOW TRAIL	STREET ADDRESS	1317 Black willow Tr.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	PD ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	THOMPSONS, CECIL N	NAME	Glenn Gardner
STREET ADDRESS	1379 BLACK WILLOW TRAIL	STREET ADDRESS	1332 Black willow Trail
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	~~VD~~ ☒ Delete	TITLE	T/D ☒ Change ~~Addition~~
NAME	TOADVINE, CHRISTOPHER	NAME	Marcheskie, Lisa
STREET ADDRESS	1363 BLACK WILLOW TRAIL	STREET ADDRESS	1395 Black Willow Trail
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #