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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000642

1. Corporation Name

FORREST PARK ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2402 SE 29TH ST
OCALA FL 34471

Mailing Address

2402 SE 29TH ST
OCALA FL 34471



2. Principal Place of Business

21 3004 SE 24th Ave

Suite, Apt. #, etc.

22 City & State

23 Ocala, Florida

Zip Country

24 34471-6196 25 USA

2a. Mailing Address

26 3004 SE 24th Ave

Suite, Apt. #, etc.

27 City & State

28 Ocala, Florida

Zip Country

29 34471-6196 30 USA

3. Date Incorporated or Qualified

12/08/1992

4. FEI Number

59-3163152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CHRIST, TIMOTHY D
2402 S.E. 29TH ST.
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE

NAME DALE, VIRGINIA
STREET ADDRESS 2406 SE 28TH ST
CITY-ST-ZIP Ocala FL 34471

TITLE PD ☒ DELETE

NAME DOYLE, EDDIE
STREET ADDRESS 2406 SW 28TH ST
CITY-ST-ZIP Ocala FL 34471

TITLE TD ☐ DELETE

NAME PATRICIA SAUEY
STREET ADDRESS 3004 SE 24TH AVE
CITY-ST-ZIP Ocala FL

TITLE VD ☐ DELETE

NAME FYE, JOHN
STREET ADDRESS 2412 SW 27TH ST
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Sauey

SIGNATURE REQUIRED

2/6/99 352-840-0008

Date

Daytime Phone #

CR2E037 (11/98)