

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90210 021 ****61.25

DOCUMENT # N92000000642

1. Entity Name
**FORREST PARK ESTATES HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**3004 SE 24TH AVE 2404 SE 30th St
OCALA, FL 34471-6196 US
0707**

Mailing Address

**3004 SE 24TH AVE 2404 SE 30th St
OCALA, FL 34471-6196 US
0707**

54039230



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3163152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHRIST, TIMOTHY D Steven Shaddix
2402 SE 29TH ST 2410 SE 29th St
OCALA, FL 34471-0706**

**DO NOT WRITE
IN THIS SPACE**

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 **Steven Shaddix, President**

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

(NOTE: Registered Agent signature required when reinstating)

4/20/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SCHAFER, TAMMIE Dawn Coghillard
STREET ADDRESS	2412 SE 30TH ST 2402 SE 29th Street
CITY-ST-ZIP	OCALA, FL 344710707-0706
TITLE	SD
NAME	SCOTT, TAMMY Carrie Mann
STREET ADDRESS	2407 SE 27TH ST 2410 SE 28th Street
CITY-ST-ZIP	OCALA, FL 34471
TITLE	TD
NAME	PATRICIA SAUEY Devonne Bigelow
STREET ADDRESS	3004 SE 24TH AVE 2404 SE 30th Street
CITY-ST-ZIP	OCALA, FL 344716196 - 0707
TITLE	PD
NAME	SHADDIX, STEVEN
STREET ADDRESS	2410 SE 29TH ST
CITY-ST-ZIP	OCALA, FL 344710706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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: **Patricia Sawyer Patricia Sawyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

352-840-0008
Daytime Phone #