

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000642

FILED  
Jan 05, 2005  
Secretary of State

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

**Current Principal Place of Business:**

2404 SE 30TH ST.  
OCALA, FL 344710707 US

**New Principal Place of Business:**

**Current Mailing Address:**

2404 SE 30TH ST.  
OCALA, FL 344710707 US

**New Mailing Address:**

**FEI Number:** 59-3163152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHADDIN, STEVEN  
2404 SE 30TH ST.  
OCALA, FL 344710706 US

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

SHADDIX, STEVEN  
2410 SE 19TH ST.  
OCALA, FL 344710706 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: STEVEN SHADDIX

01/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: COQUILLARD, DAWN  
Address: 2404 SE 30TH ST.  
City-St-Zip: OCALA, FL 344710707

Title: SD ( ) Delete  
Name: MANN, CARRIE  
Address: 2404 SE 30TH ST.  
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete  
Name: BIGELOW, DEVONNE  
Address: 2404 SE 30TH ST.  
City-St-Zip: OCALA, FL 344710707

Title: PD ( ) Delete  
Name: SHADDIX, STEVEN  
Address: 2410 SE 29TH ST  
City-St-Zip: OCALA, FL 344710706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: COQUILLARD, DAWN  
Address: 2402 SE 29TH ST.  
City-St-Zip: OCALA, FL 344710707

Title: SD (X) Change ( ) Addition  
Name: MANN, CARRIE  
Address: 2410 SE 28TH ST  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEVONNE BIGELOW

TD

01/05/2005

Electronic Signature of Signing Officer or Director

Date