

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90001 007 \*\*\*\*70.00

**DOCUMENT # N93000000720**

1. Entity Name  
**FOREST POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**11819 KESTREL DRIVE  
NEW PORT RICHEY, FL 34654**

Mailing Address  
**11819 KESTREL DRIVE  
NEW PORT RICHEY, FL 34654**

**50023344**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 1467**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272006

Chg-NP

CR2E037 (4/06)

City & State

City & State

**Port Richey, FL**

4. FEI Number

**59-3173967**

Applied For

Not Applicable

Zip

Country

Zip

**34673**

Country

**USA**

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

**SHORT, PAUL R  
7522 N 40TH STREET  
TAMPA, FL 33604**

Name

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

City

**FL**

Zip Code

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 September 6, 2006**

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  
NAME **OROZ, JANET**  
STREET ADDRESS **12225 SHEARWATER DR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Fallet, Christine**  
STREET ADDRESS **12210 Shearwater Drive**  
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **PD** ☒ Delete  
NAME **MCKNIGHT, MICHAEL**  
STREET ADDRESS **12228 SHEARWATER DR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Tucker, Fred**  
STREET ADDRESS **11832 Kestrel Drive**  
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **TD** ☒ Delete  
NAME **MILLS, DEBBIE M**  
STREET ADDRESS **11819 KESTREL DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Morton-Boekeloo, Michelle**  
STREET ADDRESS **12220 Shearwater Drive**  
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **VPD** ☒ Delete  
NAME **YEVICH, JULIE A**  
STREET ADDRESS **12229 SHEARWATER DR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **PeKarek, Richard**  
STREET ADDRESS **12104 Shearwater Drive**  
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **AD** ☒ Delete  
NAME **FABIEN, CHARLES K**  
STREET ADDRESS **11824 KESTREL DR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **AD** ☒ Change ☐ Addition  
NAME **PeKarek, Barbara**  
STREET ADDRESS **12104 Shearwater Drive**  
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:** *Michelle Morton-Boekeloo* **Michelle Morton-Boekeloo** **7/27/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #