FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002239 (2)

1. Corporation Name
PARK FOREST ESTATES HOMEOWNERS ASSOCIATION, INC.

500001884295
-07/03/96--01108--051
***61.25

Principal Place of Business	Mailing Address
P.O. BOX 21238 SARASOTA FL 34276	P.O. BOX 21238 SARASOTA FL 34276

3. Date Incorporated or Qualified: 05/13/1993
3a. Date of Last Report: 07/19/1995

2. Principal Place of Business	2a. Mailing Address
21 325 Indian River Lane	26 325 Indian River Lane
22 Suite, Apt. #, etc. Suite 4	27 Suite, Apt. #, etc. Suite 4
23 City & State Englewood, Fl.	28 City & State Englewood Fl
24 Zip 34223 25 Country Sarasota	29 Zip 34223 30 Country Sarasota

4. FEI Number: 65-0451201 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, MICHAEL J
2018 OAK TERRACE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: Mrs. Virtine Corey
82 Street Address (P.O. Box Number is Not Acceptable): 254 Park Forest Blvd.
83 Englewood, Fl. 43223
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: x Virtine Corey 5-9-1996
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TERRY, EDWARD L 2401 LAKE PARK DRIVE SMYRNA GA 30080	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP President Mr. Glen Schwenker 278 Park Forest Blvd. Englewood Fl. 43223	* ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WHITEHEAD, VICKI L 2197 CANTON ROAD STE. 201 MARIETTA GA 33060	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DV Vice-president Mr. Paul Caron 267 Park Forest Blvd. Englewood, Fl. 34223	* ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JOHNSON, MICHAEL J P.O. BOX 21238 NA SARASOTA FL 34276-4238	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DS Secretary Mrs. Virtine Corey 255 Park Forest Blvd. Englewood, Fl. 43223	* ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DT Treasurer Mrs. Elaine Doyle 254 Park Forest Blvd. Englewood, Fl. 34223	* ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	*This change of officers will becomes effective as of June 1, 1996	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Michael J. Johnson P.O. Box 21238 NA Sarasota, FL 34276-4238	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Elaine T Doyle, Treas. 6-7-96 941-475-5508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #