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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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.

Principal Place of Business

325 INDIAN RIVER LANE SUITE 4
ENGLEWOOD FL 34223

Mailing Address

325 INDIAN RIVER LANE SUITE 4
ENGLEWOOD FL 34223-7162



3. Date Incorporated or Qualified
05/13/1993

3a. Date of Last Report
07/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COREY, VIRTINE
254 PARK FOREST BLVD
ENGLEWOOD FL 43223

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SCHWENKER, GLEN
STREET ADDRESS 278 PARK FOREST BLVD
CITY-ST-ZIP ENGLEWOOD FL 43223

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME CARON, PAUL
STREET ADDRESS 267 PARK FOREST BLVD
CITY-ST-ZIP ENGLEWOOD FL 43223

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS
NAME COREY, VIRTINE
STREET ADDRESS 255 PARK FOREST BLVD
CITY-ST-ZIP ENGLEWOOD FL 43223

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME DOYLE, ELAINE
STREET ADDRESS 254 PARK FOREST BLVD
CITY-ST-ZIP ENGLEWOOD FL 43223

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME JOHNSON, MICHAEL J
STREET ADDRESS P.O. BOX 21238 N/A
CITY-ST-ZIP SARASOTA FL 34276-4238

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)