2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90037 045 ****61.25

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

Principal Place of Business	Mailing Address
325 INDIAN RIVER LANE SUITE 4 ENGLEWOOD, FL 34223	325 INDIAN RIVER LANE SUITE 4 ENGLEWOOD, FL 34223

02022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0451201 ☐ Applied For ☐ Not Applicable

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
HOLMAN, JANET 290 PARK FOREST BLVD ENGLEWOOD, FL 34223	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 May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTER, JOHN 273 PARK FOREST BLVD. ENGLEWOOD, FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TRUDEAU, ROBERT 294 Park Forest Blvd. ENGLEWOOD, FL 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TRUDEAU, ROBERT 294 PARK FOREST BLVD. ENGLEWOOD, FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DIEHL, PHILIP 266 Park Forest Blvd. ENGLEWOOD, FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCHAFFER, MARVIN 343 FALLING WATERS LANE ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLMAN, RUTH 276 Park Forest Blvd. ENGLEWOOD, FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOTTLES, JUDITH 253 PARK FOREST BLVD ENGLEWOOD, FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TYSON, PHYLLIS 251 Park Forest Blvd. ENGLEWOOD, FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLBY, D. JAMES 293 PARK FOREST BLVD. ENGLEWOOD, FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ruth B. Holman Ruth B. Holman 2-06-04 941-473-1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #