

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90036 009 ****61.25

DOCUMENT # N93000002239

1. Entity 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**

50009920



02012006 Chg-NP CR2E037 (11/05)

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

**HOLMAN, JANET
290 PARK FOREST BLVD
ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent

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, 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

TITLE **P** ☒ Delete
NAME **TRUDEAU, ROBERT**
STREET ADDRESS **294 PARK FOREST BLVD**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **V** ☒ Delete
NAME **DIEHL, PHILIP**
STREET ADDRESS **266 PARK FOREST BLVD**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **DS** ☒ Delete
NAME **HOLMAN, JANET**
STREET ADDRESS **290 PARK FOREST BLVD**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **T** ☒ Delete
NAME **SCHAFER, MARVIN**
STREET ADDRESS **343 FALLING WATERS LANE**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☐ Delete
NAME **TYSON, PHYLLIS**
STREET ADDRESS **251 PARK FOREST BLVD**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Marvin Schaffer**
STREET ADDRESS **343 Falling Waters Lane**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Janet Holman**
STREET ADDRESS **290 Park Forest Blvd.**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Peter Herman**
STREET ADDRESS **277 Park Forest Blvd.**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Ruth Nofot**
STREET ADDRESS **248 Park Forest Blvd.**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/5/06

Date

(941) 475-9604

Daytime Phone #