2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N93000002239

Entity Name: PARK FOREST ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

325 INDIAN RIVER LANE SUITE 4
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

325 INDIAN RIVER LANE SUITE 4
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 65-0451201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENNESSEY, JOHN
296 PARK FOREST BLVD
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHAFFER, MARVIN
Address: 343 FALLING WATERS LN
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP ( ) Delete
Name: HENNESSEY, JOHN
Address: 296 PARK FOREST BLVD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: T ( ) Delete
Name: HERMAN, PETER
Address: 277 PARK FOREST BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: S ( ) Delete
Name: NOIROT, RUTH
Address: 248 PARK FOREST BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: TYSON, PHYLLIS
Address: 251 PARK FOREST BLVD
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HENNESSEY, JOHN
Address: 296 PARK FOREST BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP (X) Change ( ) Addition
Name: SCHAFFER, MARVIN
Address: 343 FALLING WATERS LANE
City-St-Zip: ENGLEWOOD, FL 34223

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER HERMAN T 02/24/2009
Electronic Signature of Signing Officer or Director — Date