## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N93000002358** 

1. Entity Name

## FOREST TOWNE PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 11080 NW 30TH WAY 11080 NW 30TH WAY JASPER FL 32052 JASPER FL 32052 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3207635 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RYAN, MATTHEW 3051 N.E. 111TH PL. JASPER FL 32052 City 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (5/01) TITLE ☐ Delete TITLE ☐ Addition RYAN, MATTHEW NAME NAME STREET ADDRESS 3051 N.E. 111TH PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JASPER FL 32052 VPD TITLE ☐ Delete TITLE NAME O'CONNELL, DONALD NAME STREET ADDRESS 11080 NW 30TH WAY STREET ADDRESS CITY-ST-ZIP JASPER FL 32052 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition GILKINSON, EDGEL NAME NAME STREET ADDRESS 3399 111 PLACE STREET ADDRESS CITY-ST-ZIP JASPER FL 32052 CITY-ST-7IP TITLE ☐ Delete TITLE NAME RYAN, JENNIFER NAME 1980 nw. 30 STREET ADDRESS 3051 N.E. 111TH PL. STREET ADDRESS CITY-ST-ZIP JASPER FL 32052 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE , ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

**FILED** 

Sep 19, 2001 8:00 am Secretary of State