


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90074 046 \*\*\*\*61.25

<b>DOCUMENT # N93000002358</b>					
<b>1. Entity Name</b> FOREST TOWNE PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3086 NW 111TH PLACE JASPER, FL 32052 US			<b>Mailing Address</b> 3086 NW 111TH PLACE JASPER, FL 32052 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3207635	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CARNAHAN, JOE E 3086 NW 111TH PLACE JASPER, FL 32052			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P CARNAHAN, JOE E 3086 NW 111TH PLACE JASPER, FL 32052	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T GILKINSON, EDGEL 3399 111 PLACE JASPER, FL 32052	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	ST HILWARD, DOROTHY 11153 NW 31ST TERRACE JASPER, FL 32052	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	M HILLIARD, DONALD 11153 NW 31ST TERRACE JASPER, FL 32052	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	M RYAN, HARRY 3090 NW 111TH CT JASPER, FL 32052	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Edgel H. Gilkison - EDGEL. H. GILKISON 04/12/05 (386) 792-3193  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #