

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # N93000004997

1. Entity Name

FOREST MEADOWS APARTMENTS, INC.



Principal Place of Business

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Mailing Address

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3212721

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000800888
01/31/08-80035-010 70.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BOWMAN, WARREN
STREET ADDRESS 445 31ST ST N
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE D
NAME MISIEWICZ, PAUL
STREET ADDRESS 1601 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE D
NAME LOTT, MARTIN
STREET ADDRESS 445 31ST ST N
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE VD
NAME BUSSEY, RUTLAND
STREET ADDRESS 445 31ST STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE D
NAME CLENDENING, CONNIE
STREET ADDRESS 445 31ST STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE STD
NAME POYNTER, SALLY
STREET ADDRESS 445 31ST STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

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IN THIS SPACE**

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:

PAUL MISIEWICZ

1/17/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #