2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005335

FILED Jan 19, 2009 Secretary of State

Entity Name: THE VILLAS AT FORESTBROOK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 225	/ELAND ST ATER, FL 33768	5 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 225	/ELAND ST ATER, FL 33768	5 US			
El Number:	59-3233454	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
2189 CLE\ SUITE 225 CLEARW <i>A</i> The above	ATER, FL 33768 named entity su of Florida.		urpose of changing its register	ed office or registered agent, or both,	
Electronic Signature of Registered Agent			nt	 Date	
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip:	DONARIER, AND 700 STARKEY R LARGO, FL 337' SD () [MCKENNA, LIND 700 STARKEY R LARGO, FL 337' TD () [RUBINO, JOE 700 STARKEY R LARGO, FL 337'	D #217 71 Delete A D. #212 71 Delete D. #216 71 Delete D. #225	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change () Addition () Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () [ABNEY, GINNY 700 STARKEY R LARGO, FL 337		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: PAUL DUVAL PD 01/19/2009