

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000253

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** FOREST MERE COURT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11900 FOREST MERE DRIVE  
#101, #102, #201, #202  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 366253  
BONITA SPRINGS, FL 34136

**New Mailing Address:**

**FEI Number:** 65-0590384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE PAZ, STEPHAN  
11590 RED HIBISCUS DR  
BONITA SPRINGS, FL 34135 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: PD  
Name: DE PAZ, STEPHAN  
Address: 11590 RED HIBISCUS DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: BAECK, KRIMHILDE  
Address: 11590 RED HIBISCUS DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP  
Name: FARNSTROM, CARL M  
Address: 3096 TAMiami TRAIL N, STE4  
City-St-Zip: NAPLES, FL 34103

Title: D  
Name: FARNSTROM, LENE  
Address: 3096 TAMiami TRAIL N, STE4  
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: STEPHAN DE PAZ

PD

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date