

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004912

FILED
Mar 09, 2009
Secretary of State

Entity Name: THE FOREST OAKS SUBDIVISION ASSOCIATION, INC.

Current Principal Place of Business:

5400 MATTHEW COURT
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

PO BOX 20913
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 65-0897147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATHAWAY, PAUL
5400 MATTHEW COURT
SARASOTA, FL 34276 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 () Delete
Name: HATHAWAY, PAUL
Address: 5400 MATTHEW CT
City-St-Zip: SARASOTA, FL 34231

Title: DT () Delete
Name: ARGANDONA, AUGUSTO
Address: 5435 MATTHEW CT
City-St-Zip: SARASOTA, FL 34231

Title: SD () Delete
Name: COLEMAN, JESSIE
Address: 5370 MATTHEW COURT
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 HATHAWAY

PD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date