

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90077 015 ****61.25

DOCUMENT # N95000000925

1. Entity Name

FORSYTHE COMMONS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1690 RAYMOND DIEHL RD.
SUITE C-6
TALLAHASSEE FL 32308

Mailing Address

1690 RAYMOND DIEHL RD.
SUITE C-6
TALLAHASSEE FL 32308

2. Principal Place of Business

2573 Barrington Circle

3. Mailing Address

46 Carol Trescott

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1700 N Monroe, Ste 11-288

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32308

Country

LEON

Zip

32303

Country

LEON



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3379180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, DIXIE
1690 RAYMOND DIEHL RD.
SUITE C-6
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Dixie L. Russell

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RUSSELL, DIXIE
STREET ADDRESS 1690 RAYMOND DIEHL RD. C-6
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Delete
NAME ELLIOTT, SAMUEL L JR.
STREET ADDRESS 1690 RAYMOND DIEHL RD. C-6
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Delete
NAME JARRETT, JAMES
STREET ADDRESS 1288 TIMBERLANE RD.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dixie L. Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-05 850-385-4646