2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000925

♠ Entity Name

Principal Place of Business

2573 BARRINGTON CIRCLE

TALLAHASSEE, FL 32308

FORSYTHE COMMONS HOMEOWNERS ASSOCIATION, INC.



Mailing Address

C/O CAROL TRESCOTT 1700 N. MONROE STREET, SUITE 11-288 TALLAHASSEE, FL 32303





		 	
04092007	No Chg-NP	CR2E037 (4/06)	

 4. FEI Number
 Applied For

 59-3379180
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUSSELL, DIXIE 2573 BARRINGTON CIR TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

•			IN THIS SPACE		
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	d Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, DIXIE 2573 BARRINGTON CIR TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D ELLIOTT, SAMUEL L JR. 2573 BARRINGTON CIR TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRETT, JAMES 1288 TIMBERLANE RD. TALLAHASSEE, FL 32312			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					U00000708829 04/24/07-80131-010 61.25

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 attackment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DINEL RUSSELL

4-13-07

850-385-4646