

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90686 001 ****61.25
04-28-2008 90686 002 ****35.00

DOCUMENT # N95000003717					
1. Entity Name FOREST VIEW HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8975 WEST SUGAR BUSH PATH HOMOSASSA, FL 34448			Mailing Address 8975 WEST SUGAR BUSH PATH HOMOSASSA, FL 34448		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3360745	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERTOCH, CARL A 7655 W GULF TO LAKE HWY STE #13 CRYSTAL RIVER, FL 34429			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME BRIGGS, JOHN STREET ADDRESS 8988 WEST DOUBLE TREE CT CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME JoeAnn Gidlow STREET ADDRESS 592 S. Crooked Tree Path CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MALTEZO, CHRISTINE STREET ADDRESS 8873 W FOREST VIEW DR CITY-ST-ZIP HOMOSASSA, FL 34448	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BERTELSMAN, JOHN STREET ADDRESS 586 SOUTH CROOKED TREE PATH CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete		TITLE D NAME Fulcher, Johnnie STREET ADDRESS 628 S. Crooked Tree Path CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME POLEY, ROSS STREET ADDRESS 8940 WEST FOREST VIEW DR CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Bertelsman, John STREET ADDRESS 586 S. Crooked Tree Path CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HUSTWAYTE, NORT STREET ADDRESS 588 SOUTH WALNUT TERR CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete		TITLE NAME Cronen, Charles STREET ADDRESS 9191 W. Whopping Crane Path CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Christine Martens</i>			4/19/08 352-795-9331		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		