

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003717

FILED  
Mar 14, 2009  
Secretary of State

**Entity Name:** FOREST VIEW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8975 WEST SUGAR BUSH PATH  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

**Current Mailing Address:**

8975 WEST SUGAR BUSH PATH  
HOMOSASSA, FL 34448

**New Mailing Address:**

**FEI Number:** 59-3360745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERTOCH, CARL A  
7655 W GULF TO LAKE HWY  
STE #13  
CRYSTAL RIVER, FL 34429 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: VPD ( ) Delete  
Name: GIDLOW, JOEANN  
Address: 592 S CROCKED TREE PATH  
City-St-Zip: HOMOSASSA, FL 34448

Title: TD ( ) Delete  
Name: MALTEZO, CHRISTINE  
Address: 8873 W FOREST VIEW DR  
City-St-Zip: HOMOSASSA, FL 34448

Title: D ( ) Delete  
Name: FULCHER, JOHNNIE  
Address: 628 S CROCKED TREE PATH  
City-St-Zip: HOMOSASSA, FL 34448

Title: PD ( ) Delete  
Name: BERTELSMAN, JOHN  
Address: 586 S CROCKED TREE PATH  
City-St-Zip: HOMOSASSA, FL 34448

Title: SD ( ) Delete  
Name: CRONEN, CHARLES  
Address: 9191 W WHOOPING CRANE PATH  
City-St-Zip: HOMOSASSA, FL 34448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: ARMSTRONG, JACKIE  
Address: 9279 W FOREST VIEW DR  
City-St-Zip: HOMOSASSA, FL 34448

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

Title: SD (X) Change ( ) Addition  
Name: HUSTWAYTE, NORT  
Address: 588 S BKACK WALNUT TERR  
City-St-Zip: HOMOSASSA, FL 34448

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: CHRISTINE MALTEZO

TD

03/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date