


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

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

05-03-2005 90077 014 \*\*\*\*61.25

<b>DOCUMENT # N95000004224</b>	
1. Entity Name <b>FORSYTHE OAKS HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1690 RAYMOND DIEHL RD. SUITE C-6 TALLAHASSEE FL 32308</b>	Mailing Address <b>1690 RAYMOND DIEHL RD. SUITE C-6 TALLAHASSEE FL 32308</b>
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2. Principal Place of Business <b>2573 Barrington Circle</b>	3. Mailing Address <b>c/o Carol Trescott</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>1700 N Monroe, Ste 11-288</b>

City & State <b>Tallahassee FL</b>	City & State <b>Tallahassee FL</b>
Zip <b>32308</b>	Zip <b>32303</b>
Country <b>LEON</b>	Country <b>LEON</b>



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3379304</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>RUSSELL, DIXIE L 1690 RAYMOND DIEHL RD. SUITE C-6 TALLAHASSEE FL 32308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>Tallahassee FL</b> Zip Code <b>32303</b>

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* DATE **4-28-04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUSSELL, DIXIE L 1690 RAYMOND DIEHL RD. C-6 TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELLIOTT, SAMUEL L JR 1690 RAYMOND DIEHL RD. C-6 TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JARRETT, JAMES 1288 TIMBERLAND RD TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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 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* **4-4-05 850.385.4646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #