

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90355 034 \*\*\*\*61.25

<b>DOCUMENT # N95000004224</b> 1. Entity Name <b>FORSYTHE OAKS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2573 BARRINGTON CIR TALLAHASSEE, FL 32308</b>			Mailing Address <b>C/O CAROL TRESCOTT 1700 N MONROE ST 11-288 TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3379304</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RUSSELL, DIXIE L 1690 RAYMOND DIEHL RD. SUITE C-6 TALLAHASSEE, FL 32308</b>				Name Street Address (P.O. Box Number is Not Acceptable) <b>2573 Barrington Cir</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32308</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 <u><i>Dixie L Russell</i></u> <b>Dixie L Russell</b> <span style="float: right;"><b>4-17-06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2573 Barrington Cir</b>		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2573 Barrington Cir</b>		
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 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.					
<b>SIGNATURE:</b> <u><i>Dixie L Russell</i></u> <b>Dixie L Russell</b> <span style="float: right;"><b>4-17-06 850.385.4646</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					