

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90370 022 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                                                                                            |                                                                                                  |                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| <b>DOCUMENT # N95000004224</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                                                            |                                                                                                  |                                              |  |
| <b>1. Entity Name</b><br>FORSYTHE OAKS HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                                                                                            |                                                                                                  |                                              |  |
| <b>Principal Place of Business</b><br>2573 BARRINGTON CIR<br>TALLAHASSEE, FL 32308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                                                                                            | <b>Mailing Address</b><br>C/O CAROL TRESCOTT<br>1700 N MONROE ST 11-288<br>TALLAHASSEE, FL 32308 |                                              |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                            | <b>3. Mailing Address</b>                                                                        |                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                                                                                            | Suite, Apt. #, etc.                                                                              |                                              |  |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                                                            | <b>City &amp; State</b>                                                                          |                                              |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              | <b>Country</b>                                                                             |                                                                                                  | <b>4. FEI Number</b><br>59-3379304           |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                            |                                                                                                  | <b>Applied For</b><br>Not Applicable         |  |
| <b>6. Name and Address of Current Registered Agent</b><br>RUSSELL, DIXIE L<br>2573 BARRINGTON CIR<br>TALLAHASSEE, FL 32308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                                                                                            |                                                                                                  |                                              |  |
| <b>7. Name and Address of New Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                                                                                            |                                                                                                  |                                              |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                                                                            |                                                                                                  |                                              |  |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                                                                                            |                                                                                                  |                                              |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                                                                            |                                                                                                  |                                              |  |
| State <b>FL</b> Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                            |                                                                                                  |                                              |  |
| <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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                                                                            |                                                                                                  |                                              |  |
| <b>SIGNATURE</b> _____<br><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</b><br><b>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                  | <b>\$5.00 May Be</b><br><b>Added to Fees</b> |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                                                                                            |                                                                                                  |                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                                                                            |                                                                                                  |                                              |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                            |                                                                                                  |                                              |  |
| D<br>RUSSELL, DIXIE L<br>2573 BARRINGTON CIR<br>TALLAHASSEE, FL 32308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                              |                                                                                            |                                                                                                  |                                              |  |
| D<br>ELLIOTT, SAMUEL L JR<br>2573 BARRINGTON CIR<br>TALLAHASSEE, FL 32308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                              |                                                                                            |                                                                                                  |                                              |  |
| D<br>JARRETT, JAMES<br>1288 TIMBERLAND RD<br>TALLAHASSEE, FL 32308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                              |                                                                                            |                                                                                                  |                                              |  |
| _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                              |                                                                                            |                                                                                                  |                                              |  |
| _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                              |                                                                                            |                                                                                                  |                                              |  |
| _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                              |                                                                                            |                                                                                                  |                                              |  |
| _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                              |                                                                                            |                                                                                                  |                                              |  |
| <b>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> |                                                              |                                                                                            |                                                                                                  |                                              |  |
| <b>SIGNATURE:</b> <i>Dixie L Russell</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                            |                                                                                                  |                                              |  |
| _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                                                                                            |                                                                                                  |                                              |  |
| _____<br><small>Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                            |                                                                                                  |                                              |  |
| _____<br><small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                                                            |                                                                                                  |                                              |  |

*Director*

4-21-08 (850) 385-4446