

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005997

FILED
Mar 20, 2009
Secretary of State

Entity Name: FOREST VIEW ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

14470 CONIFER COVE TRAIL
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

14470 CONIFER COVE TRAIL
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3364901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWE AND ROWE PA
9471 BAYMEADOWS ROAD STE 203
JACKSONVILLE, FL 32256 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: PD () Delete
Name: JONES, DEBBIE
Address: 6420 CONIFER COVE CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD () Delete
Name: REAGOR, CHUCK
Address: 6431 CONIFER COVE COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: D'ANGELO, RHONDA
Address: 14470 CONIFER COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32218

Title: COMD () Delete
Name: DAVIS, KYLE
Address: 14475 CONIFER COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32218

Title: COMD () Delete
Name: YOUNG, MICHELLE
Address: 6450 CONIFER COVE CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: COMD () Delete
Name: DEAL, DEBBIE
Address: 6410 CONIFER COVE COURT
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: RHONDA C D'ANGELO

SD

03/20/2009

Electronic Signature of Signing Officer or Director

Date