

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001183

1. Entity Name
**FOREST GREEN MERCHANTS AND HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**4540 HIGHWAY 20 EAST
NICEVILLE, FL 32578**

Mailing Address
**4540 HIGHWAY 20 EAST
NICEVILLE, FL 32578**



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3430145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZIVAN, JEROME A ESQ
4540 HIGHWAY 20 EAST
NICEVILLE, FL 32578**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZIVAN, JEROME
STREET ADDRESS	4540 HIGHWAY 20 EAST
CITY-ST-ZIP	NICEVILLE, FL 32578

TITLE	D
NAME	HARRIS, HELENE R
STREET ADDRESS	4540 HIGHWAY 20 EAST
CITY-ST-ZIP	NICEVILLE, FL 32578

TITLE	D
NAME	VAUGHN, JANELLE G
STREET ADDRESS	4540 HIGHWAY 20 EAST
CITY-ST-ZIP	NICEVILLE, FL 32578

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hele R. Harris **HELENE R. HARRIS, DIRECTOR** 4/1/07 850-8976430