

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N98000004134

Entity Name: FOREST OAK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT INC
1145 SWAGRASS CORP PKWY
FORT LAUDERDALE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI MANAGEMENT INC
1145 SWAGRASS CORP PKWY
FORT LAUDERDALE, FL 33323 US

New Mailing Address:

FEI Number: 65-0856353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 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: HERZBERG, MICHAEL
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: TD () Delete
Name: GROHOWSKI, DALILA J
Address: 202 ASPEN WAY
City-St-Zip: DAVIE, FL 33325

Title: VPD () Delete
Name: BEST, JEFF
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: ASTON, DON
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: SD (X) Delete
Name: MILIAN, CAROLYN
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

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:

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: MICHAEL HERZBERG

PD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date