



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90196 037 \*\*\*\*61.25

<b>DOCUMENT # N99000000650</b> 1. Entity Name <b>FOREST PARK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1514 ALEXANDER STREET STE 106 PLANT CITY, FL 33567</b>			Mailing Address <b>PO BOX 1058 RUSKIN, FL 33575</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3557600</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>WILSON, LOU E 409 E. COLLEGE AVE RUSKIN, FL 33570</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARNES, GLENN</b>		NAME		
STREET ADDRESS	<b>2933 SPRING HAMMOCK DR</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>PLANT CITY, FL 33566</b>		CITY- ST- ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHOQUETTE, DON</b>		NAME		
STREET ADDRESS	<b>2923 FOREST HAMMOCK DRIVE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>PLANT CITY, FL 33566</b>		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RIDDLE, GAIL</b>		NAME		
STREET ADDRESS	<b>2902 SPRING HAMMOCK DR</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>PLANT CITY, FL 33566</b>		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TILLMAN, PATRICIA</b>		NAME	<b>S/D</b>	
STREET ADDRESS	<b>3008 FOREST HAMMOCK DR</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>PLANT CITY, FL 33566</b>		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVENPORT, DAVE</b>		NAME		
STREET ADDRESS	<b>2924 FOREST HAMMOCK</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>PLANT CITY, FL 33566</b>		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SELF, ROGER</b>		NAME		
STREET ADDRESS	<b>3001 SPRING HAMMOCK DR</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>PLANT CITY, FL 33566</b>		CITY- ST- ZIP		
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 lines empowered.					
SIGNATURE: 			Date: <b>4/25/08</b> (813) 645-1569		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					