

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000650

FILED
Jul 07, 2009
Secretary of State

Entity Name: FOREST PARK I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1514 ALEXANDER STREET
STE 106
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

PO BOX 1058
RUSKIN, FL 33575

New Mailing Address:

PO BOX 3364
PLANT CITY, FL 33563

FEI Number: 59-3557600 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, LOU E
409 E. COLLEGE AVE
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

RIDDLE, GAIL
2902 SPRING HAMMOCK DR
PLANT CITY, FL 33566 US

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: GAIL RIDDLE

07/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARNES, GLENN
Address: 2933 SPRING HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33566

Title: VPD () Delete
Name: CHOQUETTE, DON
Address: 2923 FOREST HAMMOCK DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: TD () Delete
Name: RIDDLE, GAIL
Address: 2902 SPRING HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33566

Title: SD () Delete
Name: TILLMAN, PATRICIA
Address: 3008 FOREST HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: DAVENPORT, DAVE
Address: 2924 FOREST HAMMOCK
City-St-Zip: PLANT CITY, FL 33566

Title: PD () Delete
Name: SELF, ROGER
Address: 3001 SPRING HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHOQUETTE, DON
Address: 2923 FOREST HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33566

Title: VPD (X) Change () Addition
Name: BAILEY, SALLY
Address: 2903 HAMMOCK VISTA COURT
City-St-Zip: PLANT CITY, FL 33566

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: D (X) Change () Addition
Name: WARREN, SCOTT
Address: 2934 SPRING HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33566

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: GAIL RIDDLE

TD

07/07/2009

Electronic Signature of Signing Officer or Director

Date