

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000650

FILED
Feb 21, 2011
Secretary of State

Entity Name: FOREST PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1514 ALEXANDER STREET
STE 106
PLANT CITY, FL 33567

New Principal Place of Business:

2923FOREST HAMMOCK DR
PLANT CITY, FL 33566

Current Mailing Address:

PO BOX 3364
PLANT CITY, FL 33563

New Mailing Address:

2923FOREST HAMMOCK DR
PLANT CITY, FL 33566

FEI Number: 59-3557600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDDLE, GAIL
2902 SPRING HAMMOCK DR
PLANT CITY, FL 33566 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
Name: CHOQUETTE, DON
Address: 2923 FOREST HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33566

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

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

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

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

Title: D
Name: DESMOND, NANCY
Address: 3015 FOREST HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33566

I hereby 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 all other like empowered.

SIGNATURE: GAIL RIDDLE

TD

02/21/2011

Electronic Signature of Signing Officer or Director

Date