

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007593

FILED
Mar 23, 2012
Secretary of State

Entity Name: FOREST PARK MASTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

%GULF BREEZE MGMT SVCS., LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 31435

New Principal Place of Business:

C/O PLATINUM PROPERTY MANAGEMENT
1016 NORTH COLLIER WAY # 102
NAPLES, FL 34110 US

Current Mailing Address:

%GULF BREEZE MGMT SVCS., LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 31435

New Mailing Address:

C/O PLATINUM PROPERTY MANAGEMENT
1016 NORTH COLLIER WAY # 102
NAPLES, FL 34110 US

FEI Number: 58-2527772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH L CAM
%GULF BREEZE MGMT SVCS., LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

GOEDE & ADAMCZYK, PLLC
8950 FONTANA DEL SOL WAY
SUITE 100
NAPLES, FL 34109 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: JOHN C. GOEDE, ESQ.

03/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FURR, WILLIAM
Address: 3954 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: TD
Name: KELLY, JAMES
Address: 3843 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: VD
Name: EDWARDS, ERIC F
Address: 3962 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: D
Name: KACZMAREK, INGRID
Address: 3696 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: D
Name: PATTON, MARTIN
Address: 4090 STOW WAY
City-St-Zip: NAPLES, FL 34116

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: WILLIAM FURR

PD

03/23/2012

Electronic Signature of Signing Officer or Director

Date