

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 723110

1. Entity Name

THE FORE-PLEX ASSOCIATION, INC.



Principal Place of Business

2295 LOWSON BLVD
DELRAY BEACH FL 33445-6051
US

Mailing Address

C/O VICTORY ACGG SERVICE
PO BOX 243214
BOYNTON BEACH FL 33424
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1803809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERSTIN & ASSOCIATES
1499 W. PALMETTO PARK RD.
STE. 412
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature is required when re-issuing)

DATE

FILE NOW: FEE IS \$61.25

Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
PUGH, KAREN
2303 D LOWSON BLVD
DELRAY BEACH FL 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
MITCHELL, STEVE
2605 D LOWSON BLVD
DELRAY BEACH FL 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
TASKA, BARBARA
2615 A LOWSON BLVD
DELRAY BEACH FL 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000836690
03/04/08-80027-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of a duly authorized officer.

SIGNATURE

Steve Mitchell

2/19/2008