

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733047 (5)

1. Corporation Name
FOREST COVE ASSOCIATION, INC.



000001798750
-04/29/96--01047--036

***61.25

Principal Place of Business Mailing Address
6604 SW 54 LANE SOUTH MIAMI FL 33155-6413

3. Date Incorporated or Qualified **06/13/1975**
3a. Date of Last Report **02/15/1995**
4. FEI Number **59-1589832**
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. **SAME** 26. **SAME**
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
MORGAN, IVETTE A. 6675 S.W. 55TH LANE S. MIAMI FL 33155 **DELETE**

10. Name and Address of New Registered Agent
81. Name **Phyllis Rhoads**
82. Street Address (P.O. Box Number is Not Acceptable) **6645 SW 55 Lane**
83. City **Miami** FL 85. Zip Code **33155**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Phyllis Rhoads* DATE: **April 15, 1996**

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | MORGAN, IVETTE A. | |
| STREET ADDRESS | 6675 S.W. 55TH LANE | |
| CITY - ST - ZIP | S MIAMI FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | REPO, ALINSON | |
| STREET ADDRESS | 6625 S.W. 55TH LANE | |
| CITY - ST - ZIP | S MIAMI FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | LYNCH, ELLEN | |
| STREET ADDRESS | 6690 S.W. 54TH LANE | |
| CITY - ST - ZIP | S MIAMI FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | HEFFERMAN, DAVID | |
| STREET ADDRESS | 6650 SW 55TH LANE | |
| CITY - ST - ZIP | S. MIAMI FL | |
| TITLE | ATD | <input type="checkbox"/> DELETE |
| NAME | WHITE, DEBBIE | |
| STREET ADDRESS | 6605 SW 55TH LANE | |
| CITY - ST - ZIP | S MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PONTI, DAVID | |
| STREET ADDRESS | 6680 SW 55TH LANE | |
| CITY - ST - ZIP | S MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------|--|
| 11 TITLE | President - PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | Phyllis Rhoads | |
| 13 STREET ADDRESS | 6645 SW 55 LANE | |
| 14 CITY - ST - ZIP | MIAMI, FL 33155 | |
| 21 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | Kristina Kuvin | |
| 23 STREET ADDRESS | 6565 SW 55 LANE | |
| 24 CITY - ST - ZIP | MIAMI, FL 33155 | |
| 31 TITLE | TREASURER - TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | ROSSEL, GUILLERMO | |
| 33 STREET ADDRESS | 5435 SW 67 AVE | |
| 34 CITY - ST - ZIP | MIAMI, FL 33155 | |
| 41 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | Ellen Lynch | |
| 43 STREET ADDRESS | 6690 54 Lane | |
| 44 CITY - ST - ZIP | MIAMI, FL 33155 | |
| 51 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | Henry Zeisler | |
| 53 STREET ADDRESS | 6535 SW 55 Lane | |
| 54 CITY - ST - ZIP | MIAMI, FL 33155 | |
| 61 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | PONTIFF, DAVID | |
| 63 STREET ADDRESS | 16080 SW 54th Lane | |
| 64 CITY - ST - ZIP | S. MIAMI, FL 33155 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Phyllis Rhoads* DATE: **3/28/96** DAYTIME PHONE: **305-579-0202**

CR2E037 (12/95)