

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 06 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733047 (5)

1. Corporation Name
FOREST COVE ASSOCIATION, INC.



Principal Place of Business 6604 SW 54 LANE SOUTH MIAMI FL 33155-6413	Mailing Address 6604 SW 54 LANE SOUTH MIAMI FL 33155-6413
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 06/13/1975	3a. Date of Last Report 04/28/1996
4. FEI Number 59-1589832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RHOADS, PHYLLIS
6645 S.W. 55TH LANE
S. MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name **DAVID PONTIFF**

82 Street Address (P.O. Box Number Is Not Acceptable)
6680 SW 55 LANE

83

84 City **S. 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 617.0508, Florida Statutes.

SIGNATURE *David C. Pontiff* **David C. Pontiff** **7/29/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RHOADS, PHYLLIS	
STREET ADDRESS	6645 S.W. 55TH LANE	
CITY-ST-ZIP	S MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUVIN, KRISTIN	
STREET ADDRESS	6565 S.W. 55TH LANE	
CITY-ST-ZIP	S MIAMI FL 33155	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROSSELL, GUILLERMO	
STREET ADDRESS	5435 SW 67 AVE	
CITY-ST-ZIP	S MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYNCH, ELLEN	
STREET ADDRESS	6690 SW 54 LAN	
CITY-ST-ZIP	S. MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEISLER, HENRY	
STREET ADDRESS	6535 SW 55TH LANE	
CITY-ST-ZIP	S MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PONTI, DAVID	
STREET ADDRESS	6680 SW 55TH LANE	
CITY-ST-ZIP	S MIAMI FL 33155	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PONTI, DAVID	
1.3 STREET ADDRESS	6680 SW 55 LANE	
1.4 CITY-ST-ZIP	S. MIAMI, FL 33155	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Duke Van	
2.3 STREET ADDRESS	6670 SW 54 LN	
2.4 CITY-ST-ZIP	MIAMI FL 33155	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Weiss Harold	
3.3 STREET ADDRESS	6640 SW 54 LANE	
3.4 CITY-ST-ZIP	MIAMI FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Murray Michael	
4.3 STREET ADDRESS	6660 SW 54 LANE	
4.4 CITY-ST-ZIP	MIAMI FL 33155	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE *David C. Pontiff* **David C. Pontiff** **7/29/97**

CR2E037 (4/97)