


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90188 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733047

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



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified 06/13/1975
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number 59-1589832
23	City & State	27	City & State	Applied For	Not Applicable
24	Zip	28	Country	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
PONTIFF, DAVID 6600 SW 55 LANE S. MIAMI FL 33155				DON DAVIDSON 6530 SW 54TH LN MIAMI, FL 33155					
				81	Name		DON DAVIDSON		
				82	Street Address (P.O. Box Number is Not Acceptable)		6530 SW 54TH LN		
				83					
				84	City	MIAMI	85	Zip Code	FL 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: *[Signature]* DATE: 1/15/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PONTIFF, DAVID			1.2 NAME	DON DAVIDSON		
STREET ADDRESS	6600 SW 55 LANE			1.3 STREET ADDRESS	6530 SW 54TH LN		
CITY-ST-ZIP	S. MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE	PRES/DIRECTOR	<input type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUVIN, KRISTIN			2.2 NAME			
STREET ADDRESS	6565 S.W. 55TH LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	S MIAMI FL 33155			2.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Vice-PRESIDENT/DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VAN DUKE			3.2 NAME	CARLOS GRACIA		
STREET ADDRESS	8878 SW 54 LN			3.3 STREET ADDRESS	6610 SW 54TH LN		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LYNCH, ELLEN			4.2 NAME	JOAN TIBBETT		
STREET ADDRESS	6600 SW 54 LANE			4.3 STREET ADDRESS	6600 SW 54TH LN		
CITY-ST-ZIP	S. MIAMI FL 33155			4.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZESLER, HENRY			5.2 NAME			
STREET ADDRESS	6535 SW 55TH LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	S MIAMI FL 33155			5.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISS, HAROLD			6.2 NAME			
STREET ADDRESS	6640 SW 54 LN			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/15/99 DAYTIME PHONE #: 305-606-6771

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