

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90172 014 ****61.25

DOCUMENT # 733047

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1589832

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDSON, DON
 6530 SW 54TH LN.
 S. MIAMI FL 33155

Name **LOURDES CASTILLO**

Street Address (P.O. Box Number is Not Acceptable)
6545 SW 55 LANE

City **SOUTH MIAMI**

FL

Zip Code **33155**

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.

SIGNATURE *Lourdes Castillo* Treasurer/Director

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

(NOTE: Registered Agent signature required when reinstating)

3/13/00
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **DAVIDSON, DON**
 STREET ADDRESS **6530 SW 54TH LN**
 CITY-ST-ZIP **S MIAMI FL 33155**

TITLE **TREASURER/DIRECTOR** Change Addition
 NAME **LOURDES CASTILLO**
 STREET ADDRESS **6545 SW 55 LANE**
 CITY-ST-ZIP **SO. MIAMI FL 33155**

TITLE **P** Delete
 NAME **KUVIN, KRISTINA**
 STREET ADDRESS **6565 S.W. 55TH LANE**
 CITY-ST-ZIP **S MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **GRACIA, CARLOS**
 STREET ADDRESS **6610 SW 54TH LN**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **TIBBETT, JOAN**
 STREET ADDRESS **6660 SW 54TH LN**
 CITY-ST-ZIP **S. MIAMI FL 33155**

TITLE **SECRETARY/DIRECTOR** Change Addition
 NAME **KAREN DUKE**
 STREET ADDRESS **6070 SW 54 LANE**
 CITY-ST-ZIP **SO. MIAMI FL 33155**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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, with all other like empowered.

SIGNATURE *Kristina Kuvin* Kristina Kuvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00
 Date

(305) 666-9808
 Daytime Phone #

CR2E037 (9/99)