


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90005 034 ****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 C/O BONAFIDE MGMT. 3100 NW 72 AVE #125 MIAMI, FL 33122				
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 <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RUSSI, RICARDO C/O BONAFIDE MGMT. 3100 NW 72 AVE, #125 MIAMI, FL 33122			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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SECHER, JUDITH		NAME	ROBERTSON ADAMS			
STREET ADDRESS	6625 SW 55TH LANE		STREET ADDRESS	6625 SW 55 LANE			
CITY-ST-ZIP	S MIAMI, FL 33155		CITY-ST-ZIP	SO. MIAMI, FL 33155			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIBBEH, JOAN		NAME	JOAN TIBBETT			
STREET ADDRESS	6660 SW 54 LANE		STREET ADDRESS				
CITY-ST-ZIP	SOUTH MIAMI, FL 33165		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PAGE, SANDRA		NAME	MARIA FERNANDEZ			
STREET ADDRESS	6620 SW 54TH LANE		STREET ADDRESS	5400 SW 65 ROAD			
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	S. MIAMI, FL 33155			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DUKE, VAN		NAME	JOHN PAGE			
STREET ADDRESS	6670 SW 54 LANE		STREET ADDRESS	6620 SW 54 LANE			
CITY-ST-ZIP	S. MIAMI, FL 33155		CITY-ST-ZIP	SO MIAMI, FL 33155			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>JOAN TIBBETT</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>9.3.05</i> Daytime Phone #: <i>305.662.6227</i>			

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