


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754230** (1)
1. Corporation Name
FOREST PARK VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business PO BOX 189013 c/o SUMMIT PLANTATION FL 33318	Mailing Address PO BOX 189013 c/o SUMMIT PLANTATION FL 33318
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3. Date Incorporated or Qualified 09/18/1980	4. FEI Number 59-2329978	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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		

2. Principal Place of Business 21 c/o Castle Group	2a. Mailing Address 26 c/o Castle Group
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent SUMMIT PROPERTY MGMT, INC. 4450 W. SUNRISE BLVD. STE C-100 PLANTATION FL 33313
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10. Name and Address of New Registered Agent 81 Name Castle Property Services Group, Inc. 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

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 <i>Gail H. Sangunett</i> Gail H. Sangunett, Vice President - Administration 1/6/98
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12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	GUNNING, ALTHEA
STREET ADDRESS	3834 SW 52 AVE
CITY-ST-ZIP	PEMBROKE PARK FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	FINKELSTEIN, ZOILA
STREET ADDRESS	3836 SW 52 AVE
CITY-ST-ZIP	PEMBROKE PARK FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DAVIS, ROY
STREET ADDRESS	3832 SW 52 AVE
CITY-ST-ZIP	PEMBROKE PARK FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ALLISON, SCOTT
STREET ADDRESS	3818 SW 52ND AVE
CITY-ST-ZIP	PEMBROKE PARK FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ACCRISTO, ROSE
STREET ADDRESS	3845 SW 52 AVE
CITY-ST-ZIP	PEMBROKE PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	POWELL, INGRID
STREET ADDRESS	3826 SW 52 AVE
CITY-ST-ZIP	PEMBROKE PARK FL

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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.
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SIGNATURE: *Althea Gunning* **Althea Gunning, President 1/6/98 (954) 792-6000**

CR2E037 (10/97)