FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767370 (0)

1. Corporation Name

FOREST PARK SOUTH II CONDOMINIUM ASSOCIATION OF CORAL SPRINGS, INC.

Principal Place of Business	Mailing Address
8387 ROYAL PALM BLVD. P. O. BOX 8325 CORAL SPRINGS FL 33075	7686 WILES ROAD CORAL SPRINGS FL 33067 US

2. Principal Place of Business 21 8381 Royal Palm Blvd.	2a. Mailing Address 26 4000 N State Road 7
Suite, Apt. #, etc. 22 P.O. Box 8325	Suite, Apt. #, etc. 27 Suite 301
City & State 23 Coral Springs, FL	City & State 28 Lauderdale Lakes
Zip / Country 24 33065 / 25 Broward	Zip / Country 29 33319 / 30 Broward

3. Date Incorporated or Qualified 03/09/1983	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2322469	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MILES, JAMES
2898 UNIVERSITY DRIVE
CORAL SPRINGS, 33065

10. Name and Address of New Registered Agent

81 Name: PMI-Devon Management Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 4000 N State Road 7, Suite 301
83
84 City: Lauderdale Lakes **FL** 85 Zip Code: 33319

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] [signature] 4/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JOHNSON, SUSAN		1.2 NAME	Johnson, Susan	
STREET ADDRESS	10772 LA PLACIDA DRIVE #201		1.3 STREET ADDRESS	5030 NW 5th Avenue	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	Boca Raton, 33431	
TITLE	TD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BOGDEN, RICHARD		2.2 NAME	Bogden, Richard	
STREET ADDRESS	8381 ROYAL PALM BLVD.		2.3 STREET ADDRESS	8381 Royal Palm Blvd.	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	VD	☐ DELETE	3.1 TITLE	T/SD	☒ Change ☐ Addition
NAME	AUCHTER, RICHARD		3.2 NAME	Blitstein, Wendy	
STREET ADDRESS	8379 ROYAL PALM BLVD.		3.3 STREET ADDRESS	8325 Royal Palm Blvd.	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard Bogden 4/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #