## 2006 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

## Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #767370** 04-24-2006 90428 019 \*\*\*\*61.25 FOREST PARK SOUTH II CONDOMINIUM ASSOCIATION OF CORAL SPRINGS, INC. Principal Place of Business Mailing Address 400003~ 7932 WILES ROAD 7932 WILES ROAD CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2322469 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT KAYE & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 N.W. 6TH WAY #103 FT. LAUDERDALE, FL 33309 City Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BODGEN, RICHARD NAME NAME 8381 ROYAL PALM BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP VΠ TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, DEBBIE NAME NAME STREET ADDRESS 8355 ROYAL PALM BLVD STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Delete ☐ Change ■ Addition TITLE MCKEAGE, KYM NAME NAME 8375 ROYAL PALM BLVD STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition PALMER, TRACY NAME NAME STREET ADDRESS STREET ADDRESS 8319 ROYAL PALM BLVD CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this timing does not qualify for the exemptions contained in Chapter 119, 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 triffstee empowered to execute this report/as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplement of the corporation or the receiver or tru-changed, or on an attackment with an

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