

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N04636 (9)**

1. Corporation Name  
**THE VILLAS OF FOREST PARK CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>2430 ESTANCIA BLVD<br/>SUITE 114<br/>CLEARWATER FL 34621<br/>US</b> | Mailing Address<br><b>2430 ESTANCIA BLVD<br/>SUITE 114<br/>CLEARWATER FL 34621-2631<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/09/1984</b> | 3a. Date of Last Report<br><b>04/19/1996</b> |
|--|--|

|  |                  |         |             |     |  |                  |         |             |     |
|--|------------------|---------|-------------|-----|--|------------------|---------|-------------|-----|
| 21. Principal Place of Business<br>Suite, Apt. #, etc. | 22. City & State | 23. Zip | 24. Country | 25. | 26. Mailing Address<br>Suite, Apt. #, etc. | 27. City & State | 28. Zip | 29. Country | 30. |
|--|------------------|---------|-------------|-----|--|------------------|---------|-------------|-----|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-6829494</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |                                    |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

|  |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

9. Name and Address of Current Registered Agent

**FLORIDA CENTRAL MANAGEMENT INC  
2430 ESTANCIA BLVD  
SUITE 114  
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  |
| 84. City   |
| <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | <b>PD</b>                 | <input type="checkbox"/> DELETE            |
| NAME           | <b>JOSEPH, DOREEN</b>     |  |
| STREET ADDRESS | <b>1552 LYNDA LANE</b>    |  |
| CITY-ST-ZIP    | <b>DUNEDIN FL</b>         |  |
| TITLE          | <b>VD</b>                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MUELLER, DENNIS</b>    |  |
| STREET ADDRESS | <b>2349 BEVERLY DRIVE</b> |  |
| CITY-ST-ZIP    | <b>DUNEDIN FL</b>         |  |
| TITLE          | <b>S</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DECUZZI, ROSEMARIE</b> |  |
| STREET ADDRESS | <b>2345 BEVERLY DRIVE</b> |  |
| CITY-ST-ZIP    | <b>DUNEDIN FL</b>         |  |
| TITLE          | <b>T</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MYTYK, SIGMUND</b>     |  |
| STREET ADDRESS | <b>2337 BEVERLY DRIVE</b> |  |
| CITY-ST-ZIP    | <b>DUNEDIN FL</b>         |  |
| TITLE          | <b>D</b>                  | <input type="checkbox"/> DELETE            |
| NAME           | <b>DAVIDSON, JOHN</b>     |  |
| STREET ADDRESS | <b>1530 REBECCA LANE</b>  |  |
| CITY-ST-ZIP    | <b>DUNEDIN FL</b>         |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>SARVER, JANICE</b>  |
| 3.3 STREET ADDRESS | <b>2317 BEVERLY DRIVE</b>  |
| 3.4 CITY-ST-ZIP    | <b>DUNEDIN, FL. 34698</b>  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>CAPASSO, MARGE</b>  |
| 4.3 STREET ADDRESS | <b>1539 REBECCA LANE</b>   |
| 4.4 CITY-ST-ZIP    | <b>DUNEDIN, FL. 35698</b>  |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>DAVIDSON, JOHN</b>  |
| 5.3 STREET ADDRESS | <b>1530 REBECCA LANE</b>   |
| 5.4 CITY-ST-ZIP    | <b>DUNEDIN, FL. 34698</b>  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>WICKEL, GRACE</b>   |
| 6.3 STREET ADDRESS | <b>1538 REBECCA LANE</b>   |
| 6.4 CITY-ST-ZIP    | <b>DUNEDIN, FL. 34698</b>  |

14. I do 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 on an attachment with an address.

SIGNATURE: *Doreen Joseph* 3-26-1997 797-6011

CR2E037 (9/96)