

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 14 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04636 (9)**  
1. Corporation Name  
**THE VILLAS OF FOREST PARK CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.**



Principal Place of Business <b>2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 34621 US</b>	Mailing Address <b>2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 34621 US</b>
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3. Date Incorporated or Qualified <b>08/09/1984</b>		
4. FEI Number <b>59-6829494</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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	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 \_\_\_\_\_ (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>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SARVER, JANICE</b>	
STREET ADDRESS	<b>2317 BEVERLY DR.</b>	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CAPASSO, MARGE</b>	
STREET ADDRESS	<b>1539 REBECCA LANE</b>	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	
TITLE	<b>VPD</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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WICKEL, GRACE</b>	
STREET ADDRESS	<b>1538 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	<b>P DENNIS MUELLER</b>
1.3 STREET ADDRESS	<b>2349 Beverly Dr.</b>
1.4 CITY-ST-ZIP	<b>Dunedin, Fl. 34698</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP DIR VIRGIL OLIVER</b>
2.3 STREET ADDRESS	<b>1532 Lynda Lane</b>
2.4 CITY-ST-ZIP	<b>Dunedin, Fl. 34698</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S JOYCE BIGGERS</b>
3.3 STREET ADDRESS	<b>1550 Rebecca Lane</b>
3.4 CITY-ST-ZIP	<b>Dunedin, Fl. 34698</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD MARGE CAPASSO</b>
4.3 STREET ADDRESS	<b>1539 Rebecca Lane</b>
4.4 CITY-ST-ZIP	<b>Dunedin, Fl. 34698</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VP DIR BETTY RIPPIN</b>
5.3 STREET ADDRESS	<b>2307 Beverly Drive</b>
5.4 CITY-ST-ZIP	<b>Dunedin, Fl. 34698</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>500002526905</b>
6.3 STREET ADDRESS	<b>-05/18/98--01043--018</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

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 on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)