

2000 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
May 15, 2000 8:00 am
Secretary of State

03-04-2000 90106 036 ****61.25

DOCUMENT # N04636

1. Entity Name

THE VILLAS OF FOREST PARK CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

2430 ESTANCIA BLVD
 SUITE 114
 CLEARWATER FL 34621
 US

2430 ESTANCIA BLVD
 SUITE 114
 CLEARWATER FL 33761-2631
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6829494

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	BIGGERS, JOYCE	
STREET ADDRESS	1550 REBECCA LN	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAPASSO, MARGE	
STREET ADDRESS	1539 REBECCA LANE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RIPPIN, BETTY	
STREET ADDRESS	2307 BEVERLY DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OLIVER, VIRGIL	
STREET ADDRESS	1532 LYNDA LN	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MUELLER, DENNIS	
STREET ADDRESS	2349 BEVERLY DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KITTLE, DOROTHY	
STREET ADDRESS	1537 LYNDA LANE	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, VINIAD	
STREET ADDRESS	1541 LYNDA LANE	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROOK, RUDY	
STREET ADDRESS	1546 REBECCA LANE	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margerie Capasso* (MARGERIE CAPASSO) Treasurer

CR2E037 (9/99)