
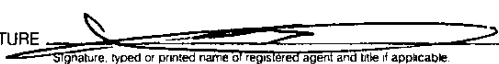
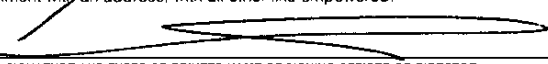


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90023 016 ****61.25

DOCUMENT # N05000000336			
1. Entity Name THE FORGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9971 WEST BAY HARBOR DR BAY HARBOR ISLAND, FL 33154		Mailing Address 10556 NW 26TH ST SUITE D-203 DORAL, FL 33172	
2. Principal Place of Business - No P.O. Box # 9971 W. Bay Harbor Dr.		3. Mailing Address 10556 NW 26th St.	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. Suite D-203	
City & State Bay Harbor Island		City & State W. Land Lake	
Zip 33154	Country USA	Zip 33172	Country USA
4. FEI Number 20-2178816		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARROM, ORLANDO 10556 NW 26TH ST SUITE D-203 DORAL, FL 33172		7. Name and Address of New Registered Agent Name Clo... Street Address (P.O. Box Number is Not Acceptable) Carl Kimberly Hill, Jr. D. City W. Land Lake FL Zip Code 33172	
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 		DATE 5/10/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	NAME BARROS, JOHNNY STREET ADDRESS 9971 WEST BAY HARBOR DR SUITE 301 CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete	TITLE D
TITLE P	NAME BORJAS, RICHARD STREET ADDRESS 9971 WEST BAY HARBOR DR SUITE 101 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE P
TITLE D	NAME FERNANDEZ, FERNANDO STREET ADDRESS 9971 WEST BAY HARBOR DR SUITE 202 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing 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 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: 		Date 5/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 888-511-077	

40110085



04092007 Chg-NP CR2E037 (12/06)