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2001 UNIFORM BUSINESS REPORT (UBR)

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Feb 13, 2001 8:00 am DOCUMENT # **N08796 Secretary of State** 1. Entity Name 02-13-2001 90003 029 ****61.25 THE FORUM CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1705 COLONIAL BLVD. STE. B-2 1705 COLONIAL BLVD. STE. B-2 1705 COLONIAL BLVD., SUITE B-2 1705 COLONIAL BLVD., SUITE B-2 FT MYERS FL 33907-1141 FT MYERS FL 33907-1141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0978742 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCCAUGHAN, JAMES W., JR. 1705 COLONIAL BLVD. SUITE B-2 City Zip Code FT MYERS FL 33907 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE VD Delete TITLE Addition VD JOHNSTON, JIM NAME NAME JOHNSTON, JIM STREET ADDRESS STREET ADDRESS 1705 COLOMING BLVD D-2 1705 COLONIAL BLVD D-2 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 FORT MYERS, FL 33907 Change ☐ Addition TITLE Delete TITLE MOLZHAUON, KEN NAME NAME HOLZHAUER, KEN STREET ADDRESS 1705 COCONIAL BLVD A-2 STREET ADDRESS يستناء والرسج 1705 COLONIAL BLVD. A-2 FORT MYRRS, FL 33907 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 ☐ Change TITLE Delete TITLE ☐ Addition MCCAUGHAN, JAMES W., JR. NAME STREET ADDRESS 1705 COLONIAL BVD. B-2 STREET ADDRESS CITY-ST-ZIF FT. MYERS FL CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 feed free 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.

mes W. McCaughan,