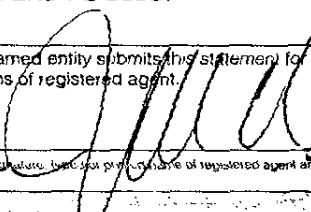


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

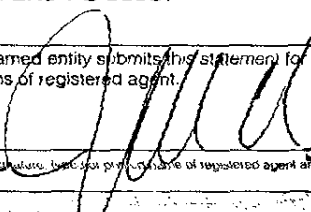
|                                                                                                                                                                                                                               |                                                                          |                                                                                     |                                                                                                                             |                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N08796</b><br>1. Entity Name<br><b>THE FORUM CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                  |                                                                          |                                                                                     |                                                                                                                             |                                  |  |
| Principal Place of Business<br><b>1705 COLONIAL BLVD. STE. B-2<br/>1705 COLONIAL BLVD., SUITE B-2<br/>FT MYERS FL 33907-1141<br/>US</b>                                                                                       |                                                                          |                                                                                     | Mailing Address<br><b>1705 COLONIAL BLVD. STE. B-2<br/>1705 COLONIAL BLVD., SUITE B-2<br/>FT MYERS FL 33907-1141<br/>US</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                          |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                   |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                  |                                                                          |                                                                                     | City & State                                                                                                                |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                           |                                                                          | Country                                                                             |                                                                                                                             | 4. FEI Number<br><b>59-0978742</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                          |                                                                                     |                                                                                                                             | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>MCCAUGHAN, JAMES W JR<br/>1705 COLONIAL BLVD.<br/>SUITE B-2<br/>FT MYERS FL 33907</b>                                                                                   |                                                                          |                                                                                     |                                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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                                                                                                                             |                                                                          |                                                                                     |                                                                                                                             |                                                                                                                   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                        |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                             | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                            |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                  |                                                                          |                                                                                     |                                                                                                                             |                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                          |                                                                                     |                                                                                                                             | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | PD<br>HOLZHAUER, KEN<br>1705 COLONIAL BLVD A-2<br>FORT MYERS FL 33907    | <input type="checkbox"/> Delete                                                     |                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | TD<br>MCCAUGHAN, JAMES W., JR.<br>1705 COLONIAL BVD. B-2<br>FT. MYERS FL | <input type="checkbox"/> Delete                                                     |                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | DV<br>BOWMAN, LARRY<br>1705 COLONIAL BLVD D-2<br>FORT MYERS FL 33907     | <input type="checkbox"/> Delete                                                     |                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete                                                     |                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete                                                     |                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete                                                     |                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |



1st MOORE CR2E037 (10/05)

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

SIGNATURE  DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$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           | PD<br>HOLZHAUER, KEN<br>1705 COLONIAL BLVD A-2<br>FORT MYERS FL 33907    | <input type="checkbox"/> Delete | TITLE           | U000000417394<br>02/13/06-80076-018 61.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | HOLZHAUER, KEN                                                           |                                 | NAME            |                                           |                                                                   |
| STREET ADDRESS  | 1705 COLONIAL BLVD A-2                                                   |                                 | STREET ADDRESS  |                                           |                                                                   |
| CITY - ST - ZIP | FORT MYERS FL 33907                                                      |                                 | CITY - ST - ZIP |                                           |                                                                   |
| TITLE           | TD<br>MCCAUGHAN, JAMES W., JR.<br>1705 COLONIAL BVD. B-2<br>FT. MYERS FL | <input type="checkbox"/> Delete | TITLE           |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | MCCAUGHAN, JAMES W., JR.                                                 |                                 | NAME            |                                           |                                                                   |
| STREET ADDRESS  | 1705 COLONIAL BVD. B-2                                                   |                                 | STREET ADDRESS  |                                           |                                                                   |
| CITY - ST - ZIP | FT. MYERS FL                                                             |                                 | CITY - ST - ZIP |                                           |                                                                   |
| TITLE           | DV<br>BOWMAN, LARRY<br>1705 COLONIAL BLVD D-2<br>FORT MYERS FL 33907     | <input type="checkbox"/> Delete | TITLE           |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | BOWMAN, LARRY                                                            |                                 | NAME            |                                           |                                                                   |
| STREET ADDRESS  | 1705 COLONIAL BLVD D-2                                                   |                                 | STREET ADDRESS  |                                           |                                                                   |
| CITY - ST - ZIP | FORT MYERS FL 33907                                                      |                                 | CITY - ST - ZIP |                                           |                                                                   |
| TITLE           | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete | TITLE           |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                          |                                 | NAME            |                                           |                                                                   |
| STREET ADDRESS  |                                                                          |                                 | STREET ADDRESS  |                                           |                                                                   |
| CITY - ST - ZIP |                                                                          |                                 | CITY - ST - ZIP |                                           |                                                                   |
| TITLE           | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete | TITLE           |                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                          |                                 | NAME            |                                           |                                                                   |
| STREET ADDRESS  |                                                                          |                                 | STREET ADDRESS  |                                           |                                                                   |
| CITY - ST - ZIP |                                                                          |                                 | CITY - ST - ZIP |                                           |                                                                   |
| TITLE           | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete | TITLE           |                                           | <input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Section 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 line empowered

SIGNATURE

1.31.06 739 239 1147