

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N08796

1. Entity Name
THE FORUM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1705 COLONIAL BLVD. STE. B-2
1705 COLONIAL BLVD., SUITE B-2
FT MYERS, FL 33907-1141 US**

Mailing Address
**1705 COLONIAL BLVD. STE. B-2
1705 COLONIAL BLVD., SUITE B-2
FT MYERS, FL 33907-1141 US**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0978742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCAUGHAN, JAMES W JR
1705 COLONIAL BLVD.
SUITE B-2
FT MYERS, FL 33907**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLZHAUER, KEN
STREET ADDRESS	1705 COLONIAL BLVD A-2
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	TD
NAME	MCCAUGHAN, JAMES W., JR.
STREET ADDRESS	1705 COLONIAL BVD. B-2
CITY-ST-ZIP	FT. MYERS, FL
TITLE	DV
NAME	BOWMAN, LARRY
STREET ADDRESS	1705 COLONIAL BLVD D-2
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08

Date

239-936-6676

Daytime Phone #