FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19949 (9)

1. Corporation Name

THE FOREST VILLAS HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12734 KENWOOD LANE SUITE 32 FT. MYERS FL 33907 US	12734 KENWOOD LANE SUITE 32 FT. MYERS FL 33907 US

3. Date Incorporated or Qualified: 04/02/1987
3a. Date of Last Report: 03/04/1994
4. FEI Number: 65-0027166 — Applied For / Not Applicable

2. Principal Place of Business — 21 / 2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24, Country — 25 / Zip — 29, Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MICHAEL FLEMING & ASSOC. INC.
12734 KENWOOD LANE SUITE 32
% ROBERT E. GELLES
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS	
TITLE	SD	TITLE	PD ☒ Change ☐ Addition
NAME	REPLOGLE, WILLIAM	NAME	
STREET ADDRESS	6112 FOREST VILLAS CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SAMPE, WILLIAM	NAME	
STREET ADDRESS	6163 FOREST VILLAS CIR	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	SCHLOEMER, CARL	NAME	
STREET ADDRESS	6092 FOREST VILLAS CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	KENDALL, WILLARD	NAME	
STREET ADDRESS	6003 FOREST VILLAS CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TITLE	PD	TITLE	SD ☒ Change ☐ Addition
NAME	HAURI, JOAN	NAME	Griffin,Robert
STREET ADDRESS	6191 FOREST VILLAS CIRCLE	STREET ADDRESS	16957 Villas Square
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	Fort Myers, FL 33908
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Replogle* William Replogle 4/27/95 (813) 489-4378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D016024