FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N19949 (9)

1. Corporation Name

THE FOREST VILLAS HOMEOWNERS' ASSOCIATION, INC.

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: 05/01/1995
4. FEI Number: 65-0027166 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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: MICHAEL FLEMING
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: [illegible] FL 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] Michael Fleming 4/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P-D	☒ Change ☐ Addition
NAME	~~REPLOGLE, WILLIAM~~		1.2 NAME	DOROTHY HAMLIN	
STREET ADDRESS	~~6112 FOREST VILLAS CIRCLE~~		1.3 STREET ADDRESS	16938 VILLAS SQ	
CITY-ST-ZIP	~~FT. MYERS FL~~		1.4 CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	☒ DELETE	2.1 TITLE	VP-D	☒ Change ☐ Addition
NAME	~~SAMPE, WILLIAM~~		2.2 NAME	ROBERT DURHAM	
STREET ADDRESS	~~6163 FOREST VILLAS CIR~~		2.3 STREET ADDRESS	6113 FOREST VILLAS CIR	
CITY-ST-ZIP	~~FT. MYERS FL~~		2.4 CITY-ST-ZIP	FORT MYERS FL. 33908	
TITLE	~~VD~~	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	~~SCHLOEMER, CARL~~		3.2 NAME	JANE KLOTZ BACH	
STREET ADDRESS	~~6092 FOREST VILLAS CIRCLE~~		3.3 STREET ADDRESS	[illegible]	
CITY-ST-ZIP	~~FT. MYERS FL~~		3.4 CITY-ST-ZIP	[illegible]	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KENDALL, WILLARD		4.2 NAME		
STREET ADDRESS	6003 FOREST VILLAS CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, ROBERT		5.2 NAME	900001872629	
STREET ADDRESS	16975 VILLAS SQUARE		5.3 STREET ADDRESS	-06/24/96--01022--044	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5/1/12

CR2E037 (12/95)

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)(k), 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: Dorothy M Hamlin April 10, 1996 489-0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #