2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19949

1. Entity Name

THE FOREST VILLAS HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90031 018 ****61.25

Principal Place of Business	Mailing Address
7181 COLLEGE PKWY STE 42 FORT MYERS FL 33907 US	7181 COLLEGE PKWY STE 42 FORT MYERS FL 33907-5641 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0027166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODD, VAIL COLDIRON MANAGEMENT, INC. 7181 COLLEGE PKWY., #42 FORT MYERS FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Rodd Vail 3/7/00

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAURI, JOHN 6191 FOREST VILLAS CIR FT. MYERS FL 33908	☒ Delete	PD LONERGAN, BIRGIT 6013 Forest Villas Cir Ft Myers, FL, 33908	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CORNELL, JODY 6123 FOREST VILLAS CIR FT. MYERS FL 33908	☐ Delete	VPD McKENNEY, Robert 6133 Forest Villas Cir Ft Myers, FL 33908	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LONERGAN, ED 6013 FOREST VILLAS CIR FT. MYERS FL 33908	☒ Delete	D Klotzbach, Wm 6023 Forest Villas Circle Ft Myers, FL 33908	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALLGOOD, JIM 6114 FOREST VILLAS CIR FORT MYERS FL 33908	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASKOM, DON 6183 FOREST VILLAS CIR FORT MYERS FL 33908	☒ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/99)

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 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 REQUIRED 3/6/00

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