

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90059 011 ****61.25

DOCUMENT # N19949

1. Entity Name

THE FOREST VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

7181 COLLEGE PKWY
 STE 42
 FORT MYERS FL 33907
 US

Mailing Address

7181 COLLEGE PKWY
 STE 42
 FORT MYERS FL 33907
 US

2. Principal Place of Business

6371-2 Arc Way

Suite, Apt. #, etc.

3. Mailing Address

PO Box 61358

Suite, Apt. #, etc.

City & State
 Ft Myers, FL

City & State
 Ft Myers, FL

4. FEI Number **65-0027166**

Applied For
 Not Applicable

Zip
 33912

Country
 USA

Zip
 33906

Country
 USA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODD, VAIL
COLDIRON MANAGEMENT, INC.
 7181 COLLEGE PKWY., #42
 FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name
David J Workman
 Street Address (P.O. Box Number is Not Acceptable)
c/o Paragon Property Management
6371-2 Arc Way
 City
Ft Myers **FL** Zip Code
33912

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

4-24-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONERGAN, BIRGIT 6013 FOREST VILLAS CIR FT. MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORNELL, JODY 6123 FOREST VILLAS CIR FT. MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCKEENEY, ROBERT 6133 FOREST VILLAS CIR FT. MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLGOOD, JIM 6114 FOREST VILLAS CIR FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASKOM, DON 6183 FOREST VILLAS CIR FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOTZBACH, WIN 6023 FOREST VILLAS CIR FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Weiffenbach, Joan 6094 Forest Villas Circle Ft Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Westerman, Ted 6183 Forest Villas Circle Ft Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

David J Workman
DAVID J WORKMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 941/481-0021
 Date Daytime Phone #

CR2E037 (10/00)