FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9600002723 (2)

FOREST VIEW VII LAGE HOMEOWNERS ASSOCIATION, INC.

FILED May 22 1998 8:00am Secretary of State

101,20	· • • • • • • • • • • • • • • • • • • •	766	TOL TIOMEOTH	(In-()	o Addodinion,	110,									
Principal Place of Business					Mailing Address						1 15018901 DID 10810 DIIII 40011 80181 BERR		(10 11 0 11 10 0 1 1 1 1 1 1 1 1 1 1 1 1	11000 (III 100)	
4400 W. SAMPLE RD.					4400 W. SAMPLE RD.					}	3. Date Incorporated or Qualified				
SUITE 200					SUITE 200					ı					
COCONUT CREEK FL 33073-3450					COCONUT CREEK FL 33073-3450					F	05/22/1996 4. FEI Number	-		pplied For	
										1	65-0743948			ot Applicable	
2. Principal Place of Business					2a. Malling Address								 	Additional	
21					26						Certificate of Status Desired		+ •	equired	
Suite, Apt. #, etc.					Suite, Apt. #, etc.						6. Election Campaign Financing		\$5.00	May Be	
22					27						Trust Fund Contribution]	Added t		
City & State					City & State						7. Is this nonprofit corporation a homeowners association?				
Zip Country					28 Zip Cou						☐ Yes ☐ No				
24	25			29				Country			8. This corporation owes or has paid	_		tangible □ No	
9. Name and Address of Current										Щ,	Personal Property Tax due June 30 10. Name and Address of New Regis			<u> </u>	
									Name 🕜		emary Mc Kessy		- goilt		
GREENG	ERĞ MICH	4AFI					8						_		
GREENGERG, MICHAEL 4400 W. SAMPLE RD.									75	ooress 7	s (P.O. Box Number is Not Acceptable)				
SUITE 20	T. W			8	3										
COCONUT CREEK FL 33073-3450								4	City					0-4-	
								-		+ce		FL	-33	Code 3467	
11. Pursuant	to the provis	ions (of Sections 617.0502	and	617.1508, Florida Statute	s, the	abo	ve-	named co	orpore	ation submits this statement for the pur is board of directors. I hereby accept t	ose of	changing i	ts registered	
agent. I a	m famili ni wi	ith, ar	nd accept the obligati	ons	of, Section 617.0503, Flo	rida Si	atut	es.	trie corpo	ration	is board of directors, I hereby accept t	ne app •	ointment as	registerea	
	~//.		h	っし	R DOSCHLAD	ylu	ļς	K	K 22-5	YR	Lesident 041	≥ 0	198		
12.	Signature, typed	or prin	led name of registered agent OFFICERS AND			Registe		genl	l signature re	quired v	when reinstaling) ADDITIONS/CHANGES TO OFFICER	DATE	DIDEATA	0.111.40	
TITLE	PD		OFFIGERS AND	DIME	DELETE	→—	TITLE		10	2D.	ADDITIONS/CHANGES TO OFFICER	19 AIND	Change	Addition	
NAME	BEER. T	D			M preeze	4	NAME		12	بالسيقا	kessy Rosemary		M puguine	ריין אטטונוטוז	
STREET ADDRESS			IPLE RD., STE. 201	`					i-	75 '	71 EINGSLEY QUE	7			
CITY-ST-ZIP			REEK FL 33073-34								KE WORTH FL3346				
TITLE	٧D		THE COURS OF	-	X DELETE			2.1 TITLE					Change	Addition	
NAME	LANGLO	IS. F	RANK			1	NAME		ے	⊒H⊣	ARETTE JACQUES		T		
STREET ADDRESS			IPLE RD., STE. 200)		2.3	STREE	ET A			77 KING-SLEY COU	RT			
CITY-ST-ZIP			REEK FL 33073-34			2. 4	CITY	- ST	r-ZIP	LA	KE WORTH FL33	467	7		
TITLE	STD				DELETE	3.1	TITLE		S	5D			Change	Addition	
NAME	RODGER	rs, f	rank		•	3.2	NAME	-		RON	OER, LISA		·		
STREET ADDRESS	4400 W.	SAN	iple Rd., Ste. 200)		3.3	STREE	ET A	DDRESS	748	87 KINGSLEY C	•			
CITY-ST-ZIP	COCON	JT C	REEK FL 33073-34	50		3.4	CITY	- ST	-ZIP C	-At	KG WORTH, FL 334	<u>67</u>			
TITLE					☐ DELETE		TITLE		7	ΓD			Change	Addition	
NAME							NAM				NS, KICHARD				
STREET ADDRESS									1 4	15	30 KINGSLEY CT	,_			
CITY-ST-ZIP					DELETE	_	CITY-		- ZIP L	-4	KE WORTH, FL 334	.67	Ohansi	A delicion	
TITLE					C OETEIE		TITLE						L Change	Addition	
NAME CTREET ADDRESS							NAME		DDDC02						
STREET ADDRESS						5.3	PIKE	LI AI	DDRESS						

64 CITY-ST-ZIP

14. 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 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 receivor 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE DAMES INCH

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

OSENARY MCKESSY 1000 30 1000 5/10/7 2500

CR2E037 (10/97

Change

■ Addition