

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90016 016 \*\*\*\*61.25

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1. Corporation Name

Forest View Village Homeowners Association, Inc.

Principal Place of Business

Mailing Address

CMD Management, Inc.  
3082 Jog Road  
Lake Worth, FL 33467

CMD Management, Inc.  
3082 Jog Road  
Lake Worth, FL 33467

2. Principal Place of Business

2a. Mailing Address

21 CMD Management, Inc.

26 CMD Management, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3082 Jog Road

27 3082 Jog Road

City & State

City & State

23 Lake Worth, FL

28 Lake Worth, FL

Zip Country

Zip Country

24 33467

25

USA

29 33467

30

USA

3. Date Incorporated or Qualified

05/22/96

4. FEI Number

65-0743948

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

David C. Rosenthal

82 Street Address (P.O. Box Number is Not Acceptable)

CMD Management, Inc.

83

3082 Jog Road

84

City  
Lake Worth

FL

85 Zip Code  
33467

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE  
NAME Rosemary McKessy  
STREET ADDRESS 7571 Kingsley Court  
CITY-ST-ZIP Lake Worth, FL 33467

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE Vice President ☐ DELETE  
NAME Tom Thompson  
STREET ADDRESS 6767 Ashburn Road  
CITY-ST-ZIP Lake Worth, FL 33467

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE  
NAME Richard Gans  
STREET ADDRESS 7530 Kingsley Court  
CITY-ST-ZIP Lake Worth, FL 33467

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE Secretary ☐ DELETE  
NAME Lisa Roner  
STREET ADDRESS 7487 Kingsley Court  
CITY-ST-ZIP Lake Worth, FL 33467

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE Director ☐ DELETE  
NAME Mark Hynes  
STREET ADDRESS 7535 Kingsley Court  
CITY-ST-ZIP Lake Worth, FL 33467

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE Director ☐ DELETE  
NAME Shawn Tartaglia  
STREET ADDRESS 6888 Ashburn Road  
CITY-ST-ZIP Lake Worth, FL 33467

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, with all other like empowered.

SIGNATURE: Rosemary McKessy Rosemary McKessy

4/29/99

(561) 964-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)