

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90032 022 ****61.25

DOCUMENT # N99000002707

1. Entity Name
FOREST VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
3124 JACKSON AVE. **3124 JACKSON AVE.**
MIAMI, FL 33133 **MIAMI, FL 33133**

A0072179

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 Applied For
65-1003845 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
INERID ARMENGOL
3124 JACKSON AVE
MIAMI, FL 33133

7. Name and Address of New Registered Agent
 Name **Jim Dow**
 Street Address (P.O. Box Number is Not Acceptable)
3124 JACKSON AVE.
 City **MIAMI** **FL** Zip Code **33133**

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:  DATE: **5/25/01**
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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	DP	<input type="checkbox"/> Delete
NAME	LYNN MCGOWEN	
STREET ADDRESS	3126 JACKSON AVE.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ERIC SCHWARZ	
STREET ADDRESS	3126 JACKSON AVE.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DS	<input type="checkbox"/> Delete
NAME	Jim Dow	
STREET ADDRESS	3124 JACKSON AVE.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: **5/25/01** DAYTIME PHONE #: **305-445-2876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)