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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24673** (8)
1. Corporation Name
FOREST PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O S. ANTHONY MINIEA 6545 S.W. 134TH DRIVE MIAMI FL 33156	Mailing Address C/O S. ANTHONY MINIEA 6545 S.W. 134TH DRIVE MIAMI FL 33156
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2. Principal Place of Business 21 C/O S. ANTHONY MINIEA Suite, Apt. #, etc. 22 298 SOUTH DRIVE City & State 23 ISLAMORADA, FL Zip 24 33036	2a. Mailing Address 25 C/O S. ANTHONY MINIEA Suite, Apt. #, etc. 26 298 SOUTH DRIVE City & State 27 ISLAMORADA, FL Zip 28 33036
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3. Date Incorporated or Qualified 02/04/1988	4. FEI Number 59-2843096	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	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent MINIEA, S. ANTHONY - 6545 SW 134TH DRIVE - MIAMI FL 33156 -	MINIEA, S. ANTHONY 298 SOUTH DRIVE ISLAMORADA, FL 33036
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MINIEA, S. ANTHONY 6545 SW 134TH DR. MIAMI FL ☐ DELETE <i>change to →</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MINIEA, JUDITH 6545 SW 134TH DR. MIAMI FL ☐ DELETE <i>change to →</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MINIEA, MATTHEW ANTHONY 6545 SW 134TH DR. MIAMI FL ☐ DELETE <i>change to →</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD MINIEA, S. ANTHONY 298 SOUTH DRIVE ISLAMORADA, FL 33036 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	STD MINIEA, JUDITH 298 SOUTH DRIVE ISLAMORADA, FL 33036 ☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VD MINIEA, MATTHEW ANTHONY 298 SOUTH DRIVE ISLAMORADA, FL 33036 ☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/97 (305) 813 0552

CR2E037 (10/97)