


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 05 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 # 732088 (0)

1. Corporation Name

FOREST HILL VILLAS GARDEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5969 FOREST HILL BLVD
W PALM BCH FL 33415

5969 FOREST HILL BLVD
W PALM BCH FL 33415



3. Date Incorporated or Qualified

03/10/1975

4. FEI Number

59-1923901

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

SEIPLE, EDNA B
5935 FOREST HILL BLVD
SUITE 7
W PALM BCH FL 33415

81 Name

DUGAN, MAURA

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

5957 FOREST HILL BLVD, APT 1

83

WEST PALM BEACH

84 City

FL

85 Zip Code 33415

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 a resident of the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE APR 25/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PATRICK, JACK	
STREET ADDRESS	5933 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	TRAYER, IRENE	
STREET ADDRESS	5987 FOREST HILL BLVD., APT 205	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAROFALO, ANN	
STREET ADDRESS	5969 FOREST HILL BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAPPUCCO, SERENA	
STREET ADDRESS	5969 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WERBE, NED	
STREET ADDRESS	5935 FOREST HILL BVD, #5	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMASSI, CORA	
STREET ADDRESS	5969 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DUGAN, MAURA	
1.3 STREET ADDRESS	5957 FOREST HILL BLVD, APT 1	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANUEL, STACY	
2.3 STREET ADDRESS	5983 FOREST HILL BLVD, APT 206	
2.4 CITY-ST-ZIP	WEST PALM BEACH FL	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GUERIN, WILF	
3.3 STREET ADDRESS	5957 FOREST HILL BLVD, APT 6	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROLDAN, PARLO	
4.3 STREET ADDRESS	5957 FOREST HILL BLVD, APT 4	
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
5.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TRAYER, IRENE	
5.3 STREET ADDRESS	5987 FOREST HILL BLVD, APT 205	
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

W. GUERIN

APRIL 8/98 501/642-5171

CR2E037 (10/97)