2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N07000011209

Entity Name: FOREST VIEW ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2645 NE 207 STREET
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2645 NE 207 STREET
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-1229113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEOPLD KORN LEOPOLD & SNYDER, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: SAWICKI, ELIZABETH
Address: 2645 NE 207 STREET
City-St-Zip: AVENTURA, FL 33180

Title: VD ( ) Delete
Name: MITRANI, ELIAS
Address: 2645 NE 207 STREET
City-St-Zip: AVENTURA, FL 33180

Title: PD ( ) Delete
Name: AVAKIAN, ADOLFO D
Address: 2645 NE 207 STREET
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH SAWICKI STD 04/22/2009

Electronic Signature of Signing Officer or Director — Date