

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002723

**Entity Name:** FOREST VIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Apr 05, 2017**  
**Secretary of State**  
**CC4740599680****Current Principal Place of Business:**C/O ASSOCIATION SPECIALTY GROUP LLC  
902 CLINT MOORE RD SUITE 110  
BOCA RATON, FL 33487**Current Mailing Address:**C/O ASSOCIATION SPECIALTY GROUP LLC  
902 CLINT MOORE RD SUITE 110  
BOCA RATON, FL 33487 US**FEI Number:** 65-0743948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRAVIT LAW, P.A.  
KRAVIT LAW, P.A.  
1801 N. MILITARY TRAIL SUITE 120  
BOCA RATON, FL 33431 US*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**Officer/Director Detail :**

Title	PRES-D
Name	COSMANO, DEBORAH
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE RD SUITE 110
City-State-Zip:	BOCA RATON FL 33487

Title	SEC-D
Name	ASHRAF, MICHAEL
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE RD SUITE 110
City-State-Zip:	BOCA RATON FL 33487

Title	TRES-D
Name	TARTAGLIA, SHAWN
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE RD SUITE 110
City-State-Zip:	BOCA RATON FL 33487

Title	VP, D
Name	OLENDER, STEPHEN
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE RD SUITE 110
City-State-Zip:	BOCA RATON FL 33487

*I hereby 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 all other like empowered.*

**SIGNATURE:** TARTAGLIA , SHAWN**TREASURER****04/05/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date