FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 10:00

DOCUMENT # **725722** **(3)**

1. Corporation Name
FORSYTHE COLONY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7100 NW 76TH STREET TAMARAC FL 33321	7100 NW 76TH STREET TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1973
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1516366 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ABATIELLO, BARBARA
7109 NW 75TH STREET
TAMARAC FL 33321

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ABATIELLO, BARBARA	1.2 NAME	CAVELLO, C.A.	
STREET ADDRESS	7109 NW 75 ST	1.3 STREET ADDRESS	6904 NW 74 PL	
CITY-ST-ZIP	TAMARAC, FL 00000	1.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VP	2.1 TITLE	V	☒ Change ☐ Addition
NAME	BAKER, SAMUEL	2.2 NAME	LOUIS SILVERMAN	
STREET ADDRESS	7422 NW 70 AVE.	2.3 STREET ADDRESS	6704 NW 74 PL	
CITY-ST-ZIP	TAMARAC, FL 00000	2.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	GILDAY, EILEEN	3.2 NAME	BEATRICE MILLER	
STREET ADDRESS	7010 NW 74 PLACE	3.3 STREET ADDRESS	7418 NW 71 AVE	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	KEWER, SHIRLEY	4.2 NAME		
STREET ADDRESS	7506 NW 71 AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PENCHANSKY, SOPHIE	5.2 NAME		
STREET ADDRESS	7422 NW 71 AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WEISZ, DORA	6.2 NAME	BERNARD RACHLIN	
STREET ADDRESS	6802 NW 75TH COURT	6.3 STREET ADDRESS	7419 NW 70 AVE	
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	TAMARAC, FL 33321	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Shirley Kewer SHIRLEY KEWER 4-10-95 305-721-0359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044093