

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725722 (3)

1. Corporation Name

FORSYTHE COLONY ASSOCIATION, INC.



Principal Place of Business

7100 NW 76TH STREET  
TAMARAC FL 33321

Mailing Address

7100 NW 76TH STREET  
TAMARAC FL 33321-51453. Date Incorporated or Qualified  
03/05/19733a. Date of Last Report  
05/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

29

Country

30

4. FEI Number

59-1516366

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

CAVELLO, C.A.  
6904 N.W. 74 PL.  
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 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 P ☐ DELETE  
NAME CAVELLO, C.A.  
STREET ADDRESS 6904 N.W. 74 PLACE  
CITY-ST-ZIP TAMARAC FLTITLE VP ☐ DELETE  
NAME PULLEN, ALICE  
STREET ADDRESS 7421 N.W. 72 AVE.  
CITY-ST-ZIP TAMARAC FLTITLE S ☒ DELETE  
NAME WEISZ, DORA  
STREET ADDRESS 6802 N.W. 75 COURT  
CITY-ST-ZIP TAMARAC FLTITLE T ☐ DELETE  
NAME KEWER, SHIRLEY  
STREET ADDRESS 7506 NW 71 AVE  
CITY-ST-ZIP TAMARAC FLTITLE D ☐ DELETE  
NAME SIEGEL, JEAN  
STREET ADDRESS 7517 N.W. 66 TERRACE  
CITY-ST-ZIP TAMARAC FLTITLE D ☐ DELETE  
NAME RACHLIN, BERNARD  
STREET ADDRESS 7419 NW 70 AVENUE  
CITY-ST-ZIP TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME MARY MARIN  
3.3 STREET ADDRESS 7511 N.W. 73 AVE.  
3.4 CITY-ST-ZIP TAMARAC, FL. 333214.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 # 0036846

CR2E037 (9/96)