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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725722

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/05/1973

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

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 **ALICE PULLEN**
82 Street Address (P.O. Box Number is Not Acceptable)
7421 N.W. 72 AVE.
83
84 City **TAMARAC** **FL** 85 Zip Code **33321**

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 *Alice H. Pullen*
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

2-10-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAVELLO, C.A.	
STREET ADDRESS	6904 N.W. 74 PLACE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PULLEN, ALICE	
STREET ADDRESS	7421 N.W. 72 AVE.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARIN, MARY	
STREET ADDRESS	7511 NW 73RD AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KEWER, SHIRLEY	
STREET ADDRESS	7506 NW 71 AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIEGEL, JEAN	
STREET ADDRESS	7517 N.W. 66 TERRACE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PULLEN, ALICE	
1.3 STREET ADDRESS	7421 N.W. 72 AVE.	
1.4 CITY-ST-ZIP	TAMARAC FL 33321	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ABATIello, BARBARA	
2.3 STREET ADDRESS	7109 N.W. 75 ST.	
2.4 CITY-ST-ZIP	TAMARAC FL 33321	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ISAAC, BARBARA	
3.3 STREET ADDRESS	6805 N.W. 74 PL.	
3.4 CITY-ST-ZIP	TAMARAC FL 33321	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARIN, MARY	
5.3 STREET ADDRESS	7511 N.W. 73 AVE.	
5.4 CITY-ST-ZIP	TAMARAC FL 33321	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HROMULAK, JIRINA	
6.3 STREET ADDRESS	7516 N.W. 66 TERR.	
6.4 CITY-ST-ZIP	TAMARAC FL 33321	

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, with all other like empowered.

SIGNATURE: *Shirley Kewer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99 **954 721-0359**
Date Daytime Phone #

CR2E037 (1/98)