

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90046 001 \*\*\*\*61.25

<b>DOCUMENT # 727482</b> 1. Entity Name <b>FOREST VILLAS CONDOMINIUM APARTMENTS, INC.</b>			
Principal Place of Business <b>C/O SOUTHEAST CONDOMINIUM MANAGEMENT</b> <b>2085 UNIVERSITY DRIVE</b> <b>CORAL SPRINGS, FL 33071 US</b>		Mailing Address <b>C/O SOUTHEAST CONDOMINIUM MANAGEMENT</b> <b>P.O. BOX 9519</b> <b>CORAL SPRINGS, FL 33075 US</b>	
2. Principal Place of Business <b>2855 N. University Dr.</b> Suite, Apt. #, etc. <b>Suite 310</b> City & State <b>Coral Springs, FL</b> Zip <b>33065</b> Country <b>US</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>59-1490044</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SOUTHEAST CONDOMINIUM MANAGEMENT, INC.</b> <b>2085 UNIVERSITY DR</b> <b>CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>Southeast Condo. Mgmt</b> Street Address (P.O. Box Number is Not Acceptable) <b>2855 N. University Dr.</b> Suite 310 City <b>Coral Springs</b> FL Zip Code <b>33065</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	PD TAYLOR, ANNE		
CITY-ST-ZIP	8840 NW 30TH ST CORAL SPRINGS, FL 00000		
TITLE	SD	Delete <input type="checkbox"/>	
NAME	MENTEL, CONSTANCE		
STREET ADDRESS	8800 N.W. 30TH STREET, #1		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
TITLE	VD	Delete <input type="checkbox"/>	
NAME	CUBETID, MANLEY JR		
STREET ADDRESS	1011 NW 45TH COURT		
CITY-ST-ZIP	FT LAUDERDALE, FL 33209		
TITLE	D	Delete <input type="checkbox"/>	
NAME	RODRIGUEZ, LYDIA		
STREET ADDRESS	2907 NW 89 TERR #5-1		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
TITLE	T	Delete <input type="checkbox"/>	
NAME	PRYOR, FLYNN		
STREET ADDRESS	8840 NW 30 ST. #2		
CITY-ST-ZIP	POMPANO BEACH, FL 33065		
TITLE		Delete <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <i>Constance Mentele</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/4/05</b> Daytime Phone # <b>954 341 3676</b> Date <b>2/4/05</b> Daytime Phone # <b>954 752-4419</b>	

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