


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90073 021 \*\*\*\*61.25

<b>DOCUMENT # 727482</b> 1. Entity Name <b>FOREST VILLAS CONDOMINIUM APARTMENTS, INC.</b>					
Principal Place of Business <b>2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US</b>			Mailing Address <b>2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	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. 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 <u><i>Deborah Castillo</i></u> <span style="float: right;"><u>1-27-06</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ANNE		NAME	Castillo, Debbie	
STREET ADDRESS	8840 NW 30TH ST		STREET ADDRESS	8880 NW 30 St. #1	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000,		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENTEL, CONSTANCE		NAME		
STREET ADDRESS	8800 N.W. 30TH STREET, #1		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUBETID, MANLEY JR		NAME		
STREET ADDRESS	1011 NW 45TH COURT		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33209		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, LYDIA		NAME		
STREET ADDRESS	2907 NW 89 TERR #5-1		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRYOR, FLYNN		NAME		
STREET ADDRESS	8840 NW 30 ST. #2		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33065		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					