

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90023 050 ****61.25

DOCUMENT # 727482 1. Entity Name FOREST VILLAS CONDOMINIUM APARTMENTS, INC.			
Principal Place of Business 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US		Mailing Address 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business - No P.O. Box # c/o Benchmark Property Mgmt Suite, Apt. #, etc. 7932 Willes Rd. City & State Coral Springs, FL Zip 33067 Country USA		3. Mailing Address c/o Benchmark Property Mgmt Suite, Apt. #, etc. 7932 Willes Rd. City & State Coral Springs, FL Zip 33067 Country USA	
6. Name and Address of Current Registered Agent SOUTHEAST CONDOMINIUM MANAGEMENT, INC. 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Tucker & Tighe, P.A. Street Address (P.O. Box Number is Not Acceptable) 800 E. Broward Blvd. Suite 710 Cumberland Building City Ft. Lauderdale FL Zip Code 33301	
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> 4/25/07 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P3 CASTILLO, DEBBIE 8880 NW 30 ST. #1 POMPAÑO BEACH, FL 33065	TITLE	VP mentel, Constance 8800 N.W. 30th Street #2 Coral Springs, FL 33065
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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.			
SIGNATURE: <u><i>Deborah Castillo</i></u> 4-20-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT <small>Date Daytime Phone #</small>	