

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90040 042 \*\*\*\*61.25

<b>DOCUMENT # 727482</b> 1. Entity Name <b>FOREST VILLAS CONDOMINIUM APARTMENTS, INC.</b>					
Principal Place of Business <b>C/O BENCHMARK PROPERTY MGMT</b> <b>7932 WILES RD.</b> <b>CORAL SPRINGS, FL 33067 US</b>			Mailing Address <b>C/O BENCHMARK PROPERTY MGMT</b> <b>7932 WILES RD.</b> <b>CORAL SPRINGS, FL 33067 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1490044</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  <b>TUCKER &amp; TIGNE, P.A.</b> <b>800 E. BROWARD BLVD</b> <b>CUMBERLAND BUILDING SUITE 710</b> <b>FORT LAUDERDALE, FL 33301</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <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</b> <b>Due by May 1, 2008</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</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P3</b> <b>CASTILLO, DEBBIE</b> <b>8880 NW 30 ST. #1</b> <b>POMPAÑO BEACH, FL 33065</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASST. SEC.</b> <b>Beracs, Nicola</b> <b>8880 NW 30 street # 7-3</b> <b>CORAL SPRINGS</b> <b>FL 33065</b> <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MENTEL, CONSTANCE</b> <b>8800 N.W. 30TH STREET, #1</b> <b>CORAL SPRINGS, FL 33065</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>Rodriguez, Lydia</b> <b>2907 NW 89 terrace</b> <b>CORAL SPRINGS</b> <b>FL 333065</b> <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CUBETID, MANLEY JR</b> <b>1011 NW 45TH COURT</b> <b>FT LAUDERDALE, FL 33209</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PRYOR, FLYNN</b> <b>8840 NW 30 ST. #2</b> <b>POMPAÑO BEACH, FL 33065</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BUFKE, GEORGE</b> <b>8820 NW 30 STREET #10-2</b> <b>CORAL SPRINGS, FL 33065</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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> <i>Deborah Castillo, President</i> <b>3-13-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small> <b>DEBORAH CASTILLO, PRESIDENT</b>					

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