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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727512 (6)

1. Corporation Name

THE FOREST CONDOMINIUM, INC. NO. 1



Principal Place of Business

Mailing Address

5000 WEST GUN CLUB ROAD
WEST PALM BEACH FL 33415

5000 WEST GUN CLUB ROAD
WEST PALM BEACH FL 33415-2749

3. Date Incorporated or Qualified
09/21/1973

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1579000

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22 City & State

27 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEROLA, JAMES E
11380 PROSPERITY FARMS ROAD, #204
PALM BEACH GARDENS FL 33410

81 Name ALLEN B. ADAMS JR
82 Street Address (P.O. Box Number is Not Acceptable)
4000 S. 57TH AVE STE 101
D.P.M.R.
83 City LAKE WORTH FL 85 Zip Code 33463

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 *[Signature]* PROSPERITY MANAGER 2/11/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOESTER, ISOLDE	1.2 NAME	FRANZISKA STODANO
STREET ADDRESS	5296 BOSQUE LANE, #89 #63	1.3 STREET ADDRESS	5260 BOSQUE LANE #19
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, RALPH	2.2 NAME	DWAYNE HARMON
STREET ADDRESS	5344 BOSQUE LANE, 103	2.3 STREET ADDRESS	5316 BOSQUE LANE #82
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, MITCH	3.2 NAME	JOHN COHEN
STREET ADDRESS	5340 BOSQUE LANE #99	3.3 STREET ADDRESS	5332 BOSQUE LANE #69
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, ANITA	4.2 NAME	
STREET ADDRESS	5276 BOSQUE LANE #44	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEM, CHARLES	5.2 NAME	
STREET ADDRESS	5360 BOSQUE LANE #117	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, FRAN	6.2 NAME	KRAMER, FRAN
STREET ADDRESS	5244 BOSQUE LANE #4	6.3 STREET ADDRESS	5244 BOSQUE LANE #4
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	WEST PALM BEACH, FL

14. I do 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.

SIGNATURE: *[Signature]* 2-11-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041327

CP2E037 (9/96)