2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

| AIIII | Secretary or State | | |
|--|--|--|---|
| DOCUMENT # 727512 1. Entity Name THE FOREST CONDOMINIUM, INC. | C. NO. 1 | | 02-04-2008 90053 031 ****61.25 |
| Principal Ptace of Business 5000 WEST GUN CLUB ROAD WEST PALM BEACH, FL 33415 | Mailing Address 4000 S. 57TH AVE #101 LAKE WORTH, FL 3346 | | |
| 2. Principal Place of Business - No P.O. Box # 5250 005QUE LAN | 3. Mailing Address | |) IOCUU LUGUO IURII NEBOO DIRAN NIGIO IULI ALBII AIRII BIALI BIALI BIRIIL BIRIILA BIRIILA DI HABI |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01112008 Chg-NP CR2E037 (12/06) |
| City & State Was & Pown Be sup A | City & State | | 4. FEI Number Applied For 59-1579000 Not Applicable |
| Zip Country 33415 U54 | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Curren | t Registered Agent | | 7. Name and Address of New Registered Agent |
| FITZGED ALD ANGUAEL | | Name | |
| FITZGERALD, MICHAEL 4000 S. 57TH AVE. | | Street Address (P.O. Box Number is Not Acceptable) | |
| SUITE 101 | | | |
| LAKE WORTH, FL 33463 | | | |
| | | City | FL Zip Code |
| The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered age. | | registered office or reg | gistered agent, or both, in the State of Florida. I am familiar with, and accept |
| | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Car Trust Fund (| mpaign Financing Contribution. | \$5.00 May Be Added to Fees Make check payable to Florida Department of State |
| 10 OFFICERS AND D | IRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| ILLE D | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME SMALLEY, AUDREY | | NAME STREET ADDRESS | PALDERAMA, YENS 296 BOSQUELN., #64 |
| STREET ADDRESS 5250 BOSQUE LN, # 47 CITY-ST-ZIP WEST PALM BEACH, FL 3341 | 5 | CITY-ST-ZIP | 306 80300 E CIA) 1 0 7 3 4 1 5 |
| | | | Change Addition |
| TITLE PD MELTZER, ALAN | ☐ Delete | | |
| STREET ADDRESS 5256 BOSQUE LN #15 | | STREET ADDRESS . 5 | 1336 Bosque LN., #93 |
| CITY-ST-ZIP WEST PALM BEACH, FL 3341 | 5 | CITY-ST-ZIP | IBST PALM BEACH, FL 3345 |
| TITLE D | ☐ Delete | TITLE | Change Addition |
| NAME SKOBLICI, JENNIFER | | Nalvië 10 | IKIKI, RAY |
| STREET ADDRESS 5276 BOSQUE LN, # 43 | | STREET ADDRESS 5 | KIKI, RAY #98 |
| CITY-ST-ZIP WEST PALM BEACH, FL 3341 | 5 | CITY-ST-ZIP | 46ST PHENBGREH, FL 33415 |
| TO VIGNOLA DIANE | ☐ Delete | TITLE | ☐ Change ☐ Addition |

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

5256 BOSQUE LN #13

5340 BOSQUE LN #98

5288 BOSQUE LN #54

AKIKI, RAY

SMITH, LOIS

SD

WEST PALM BEACH, FL 33415

WEST PALM BEACH, FL 33415

WEST PALM BEACH, FL 33415

Alan 5 Meltzer Presta

Delete

Delete

116/08 50

561683406

Addition

☐ Addition

Daytime Phone #

Change

Change