2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
06-16-2002 90696 034 ****61.25

024808

DOCUMENT # 733047

1. Entity Name

FOREST COVE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6604 SW 54 LANE SOUTH MIAMI FL 33155-6413	6604 SW 54 LANE SOUTH MIAMI FL 33155-6413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2050 Coral Way #515
City & State	City & State Miami, Fl.
Zip / Country	Zip 33145 / Country U.S.

4. FEI Number 59-1589832 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOURDES, CANTILLO 6545 SW 55 LANE S. MIAMI FL 33155	Name Ricardo Russi Street Address (P.O. Box Number is Not Acceptable) c/o Bonafide Mgmt. Group, Inc. 2050 Coral Way, #515 City Miami, FL Zip Code 33145

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.

SIGNATURE _____ 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

& 4 **FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CANTILLO, LOURDES 6545 SW 55 LANE S MIAMI FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KUVIN, KRISTINA 6565 S.W. 55TH LANE S MIAMI FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Feldman, Ronald 5480 SW 65 Road South Miami, Fl. 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRACIA, CARLOS 6610 SW 54TH LN MIAMI FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Curry, Patraic 6690 SW 54 Lane South Miami, Fl. 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUKE, KAREN 6670 SW 54 LANE S. MIAMI FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Duke, Van 6670 SW 54 Lane South Miami, Fl. 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. I 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 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: SIGNATURE REQUIRED _____ 5/31/02 305 851-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number