

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90412 031 ****61.25

DOCUMENT # 733047	
1. Entity Name FOREST COVE ASSOCIATION, INC.	

Principal Place of Business 6604 SW 54 LANE SOUTH MIAMI, FL 33155-6413	Mailing Address C/O BONAFIDE MGMT. 3100 NW 72 AVE #125 MIAMI, FL 33122
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94080068



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1589832	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent RUSSI, RICARDO C/O BONAFIDE MGMT. 3100 NW 72 AVE, #125 MIAMI, FL 33122		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

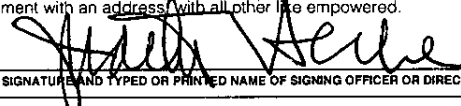
9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SECHER, JUDITH 6625 SW 55TH LANE S MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ZEISLER, HENRY 6535 SW 55TH LANE SOUTH MIAMI, FL 33165 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TIBBETH, JOAN 6660 SW 54 LANE SOUTH MIAMI, FL 33165 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PAGE, SANDRA 6620 SW 54TH LANE MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DUKE, VAN 6670 SW 54 LANE S. MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-26-04 305-349-7530
Date Daytime Phone #