

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733047

FILED
Sep 12, 2008
Secretary of State

Entity Name: FOREST COVE ASSOCIATION, INC.

Current Principal Place of Business:

6604 SW 54 LANE
SOUTH MIAMI, FL 331556413

New Principal Place of Business:

Current Mailing Address:

C/O BONAFIDE MGMT.
3100 NW 72 AVE #127
MIAMI, FL 33122

New Mailing Address:

FEI Number: 59-1589832 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RUSSI, RICARDO
C/O BONAFIDE MGMT.
3100 NW 72 AVE, #127
MIAMI, FL 33122 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FELDMAN, RON
Address: 5480 SW 65TH ROAD
City-St-Zip: S MIAMI, FL 33155

Title: VPD () Delete
Name: LOPEZ, MARI
Address: 6675 SW 55 LANE
City-St-Zip: SOUTH MIAMI, FL 33155

Title: TD () Delete
Name: FERNANDEZ-VALLE, MARIA
Address: 5460 SW 65 ROAD
City-St-Zip: SOUTH MIAMI, FL 33155

Title: D () Delete
Name: PAGE, JOHN
Address: 6620 SW 54TH LANE
City-St-Zip: S. MIAMI, FL 33155

Title: TD (X) Delete
Name: CANTILLO, LOURDES
Address: 6545 SW 55TH LANE
City-St-Zip: S. MIAMI, FL 33155

Title: SD () Delete
Name: ROS, ENRIQUE
Address: 6565 SW 55TH LANE
City-St-Zip: S. MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO RUSSI

MGR

09/12/2008

Electronic Signature of Signing Officer or Director

Date