


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90048 042 \*\*\*\*61.25

|  |   |
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| <b>DOCUMENT # 737856</b>                         |  |
| 1. Entity Name<br>FOREST HILLS CONDOMINIUM, INC. |   |

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|---|---|
| Principal Place of Business<br>3361 N.W. 85TH AVENUE<br>CORAL SPRINGS, FL 33065 | Mailing Address<br>3361 N.W. 85TH AVENUE<br>P.O. BOX 26478<br>CORAL SPRINGS, FL 33065 |
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|---|--|
| 2. Principal Place of Business - No P.O. Box #<br>40 Benchmark Property mgmt<br>7932 Wiles Rd<br>Coral Springs FL<br>33067<br>FLA | 3. Mailing Address<br>40 Benchmark Property mgmt<br>7932 Wiles Rd<br>Coral Springs, FL<br>33067<br>FLA |
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04112007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number<br>59-1831002                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

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|--|--|
| 6. Name and Address of Current Registered Agent<br>ROBERT KAYE & ASSOCIATES, PA<br>6261 NW 6 WAY<br>SUITE 103<br>FORT LAUDERDALE, FL 33309 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 \_\_\_\_\_

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|---|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVPT<br>YEAGO, PATSY<br>3361 NW 85TH AVE 205<br>CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Robbins, Marion<br>3351 N.W. 85 AVE #317<br>CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>HOLMES, DEBORAH<br>3351 NW 85 AVE<br>CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>Mallan, Scott<br>1323 NW 39 Street #304<br>Coral Springs FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>ROBBINS, MARION<br>3351 N.W. 85 AVE.<br>CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>Yeago, Pat<br>3361 NW 85 AVE #205<br>CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>Holmes, Deborah<br>3351 NW 85 AVE #318<br>Coral Springs 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Folcy, John<br>3351 NW 85 AVE #211<br>Coral Springs FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Marion Robbins Marion Robbins 04/13/07 954-899-8697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #