


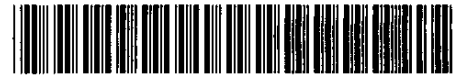
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90015 023 ****61.25

DOCUMENT # 749496	
1. Entity Name FORREST AVENUE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 561014 ORLANDO FL 32856 623 FOREST AVE COCOA, FL 32922	Mailing Address P.O. BOX 561014 ORLANDO FL 32856 861 INDIAN RIVER DR. COCOA, FL 32922
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2. Principal Place of Business 623 Forrest Ave	3. Mailing Address 861 Indian River Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

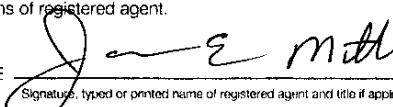
2nd MOORE CR2E037 (4/06)

City & State Cocoa, FL	City & State Cocoa, FL
Zip 32922	Country
Zip 32922	Country

4. FEI Number 59-2197683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JUAREZ, RUBEN 3721 ROTHBURG DRIVE ORLANDO FL 32812 JAMES E. MILBURN 861 INDIAN RIVER DR. COCOA, FL 32922	
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7. Name and Address of New Registered Agent Name James E. Milburn Street Address (P.O. Box Number is Not Acceptable) 861 Indian River Dr City Cocoa FL Zip Code 32922	
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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 	James E. Milburn	8-1-06
(NOTE: Registered Agent signature required when reinstating)		

FILE NOW: FEE IS \$61.25 Due By September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROMANO, PATRICIA 55 FLORIDA BLVD MERRITT ISLAND FL 32953 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD O'NEIL, ROBERT 8500 ROSALIND AVE #8 CAPE CANAVERAL FL 32920 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JUAREZ, RUBEN 3721 ROTHBURG DR ORLANDO FL 32812 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President PD MILBURN, Sara C. 861 Indian River Dr. Cocoa, FL 32922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec-Treas STD MILBURN, James E. 861 Indian River Dr. Cocoa, FL 32922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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.	
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SIGNATURE: 	8-1-06	(321) 501-0929
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