2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 749496

1. Entity Name

FORREST AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
623 FORREST AVE COCOA FL 32922	861 INDIAN RIVER DR COCOA FL 32922

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
623 Forrest Ave	861 Indian River Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, FL	City & State: Cocoa, FL
Zip: 32922 Country: Brevard	Zip: 32922 Country: Brevard

4. FEI Number 59-2197683 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILBURN, JAMES E
861 INDIAN RIVER DR
COCOA FL 32922

7. Name and Address of New Registered Agent

Name: Milburn, James E.
Street Address (P.O. Box Number is Not Acceptable): 861 Indian River Dr
City: Cocoa FL Zip Code: 32922

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: J E Mil [signature] 1-22-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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 MILBURN, SARA C 861 INDIAN RIVER DR COCOA FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MILBURN, JAMES E 861 INDIAN RIVER DR COCOA FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000000797430 01/29/08-80072-012 61.25 ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: J E Mil [signature] James E. Milburn 1-22-08 321(501-0929)