

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 623 FORREST AVE COCOA FL 32922	Mailing Address 861 INDIAN RIVER DR COCOA FL 32922
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2. Principal Place of Business - No P.O. Box # 623 Forrest Ave	3. Mailing Address 861 Indian River Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

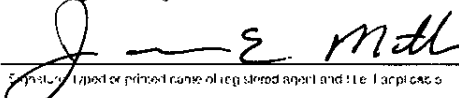
City & State Cocoa, FL	City & State Cocoa, FL
Zip 32922	Country Brevard
Country Brevard	Zip 32922

4. FEI Number 59-2197683	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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
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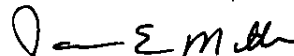
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	1-22-08 DATE
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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
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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
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
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 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: 	James E. Milburn	1-22-08	321(501-0929)
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