

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90052 016 \*\*\*\*61.25

<b>DOCUMENT # 757115</b>	
1. Entity Name <b>FORSYTHIA HOMEOWNERS ASSOCIATION, INC.</b>	



Principal Place of Business <b>6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 US</b>	Mailing Address <b>6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

APR 11 2007  
BY: 2911  
40061411

04112007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2571096</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>LIPPMAN, KAREN 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>T ALGAZE, JACK 15836 FORSYTHIA CIR DELRAY BEACH, FL 33484</b>	
<b>SD CAROLLO, MARIE 5073 FORSYTHIA ST. DELRAY BEACH, FL 33484</b>	<input checked="" type="checkbox"/> Delete
<b>PD MELTZER, SAUL 15944 FORSYTHIA CIRCLE DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete
<b>D BERARDINO, JIMMY 15872 FORSYTHIA CIR DELRAY BEACH, FL 33484</b>	<input checked="" type="checkbox"/> Delete
<b>VD WILLIAM, MOFFA 15832 FORSYTHIA CIR DELRAY BEACH, FL 33484</b>	<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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>T ALGAZE, Jane 15836 Forsythia Cir. Delray Beach FL 33484</b>	
<b>S Strasberg, Linda 15971 Forsythia Circle Delray Beach FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D Zucker, Terrell 15812 Forsythia Circle Delray Beach FL 33484</b>	<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.

**SIGNATURE:** Saul Meltzer **SAUL MELTZER-PRES. 4/16/07 561 468-1856**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #