

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90059 013 ****61.25

DOCUMENT # 757115

1. Entity Name
FORSYTHIA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
6401 CONGRESS AVE
STE 140
BOCA RATON, FL 33487 US

Mailing Address
6401 CONGRESS AVE
STE 140
BOCA RATON, FL 33487 US

40068514



2. Principal Place of Business - No P.O. Box #
1200 S Rogers Circle
Suite, Apt. #, etc. **Ste 3**

3. Mailing Address
1200 S Rogers Circle
Suite, Apt. #, etc. **Ste 3**

04092008 Chg-NP CR2E037 (12/06)

City & State
Boca Raton FL
Zip **33487** Country

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Boca Raton FL
Zip **33487** Country

4. FEI Number
59-2571096 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIPPMAN, KAREN
6401 CONGRESS AVE
STE 140
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name **Karen Lippman**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Rogers Circle Ste 3
City **Boca Raton** FL Zip Code **33487**

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

Karen Lippman

4/9/08

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE	T	<input type="checkbox"/> Delete
NAME	ALGAZE, JACK	
STREET ADDRESS	15836 FORSYTHIA CIR	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STROSBURG, LINDA	
STREET ADDRESS	15971 FORSYTHIA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MELTZER, SAUL	
STREET ADDRESS	15944 FORSYTHIA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUCKER, JERROLD	
STREET ADDRESS	15812 FORSYTHIA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAM, MOFFA	
STREET ADDRESS	15832 FORSYTHIA CIR	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALGAZE, JACK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paradiso, Zoran	
STREET ADDRESS	15815 Forsythia Circle	
CITY-ST-ZIP	Delray Beach FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

4-11-2008 561 488-1856