

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757115

FILED  
Mar 23, 2012  
Secretary of State

**Entity Name:** FORSYTHIA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2801 NORTH UNIVERSITY DRIVE  
STE #204  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

2801 NORTH UNIVERSITY DRIVE  
STE #204  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 59-2571096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIPPMAN, KAREN  
2801 NORTH UNIVERSITY DRIVE  
STE #204  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: ALGAZE, JACK  
Address: 15836 FORSYTHIA CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: S  
Name: PARADISO, JOAN  
Address: 15815 FORSYTHIA CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: P  
Name: MELTZER, SAUL  
Address: 15944 FORSYTHIA CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP  
Name: WILLIAM, MOFFA  
Address: 15832 FORSYTHIA CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: CAROLLO, JOHN  
Address: 5073 FORSYTHIA STREET  
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAUL MELTZER

PRES

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date