


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760146</b> 1. Entity Name FOREST VILLAGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 14053 NORTHUMBERLAND #103 FT. MYERS, FL 33908 US	Mailing Address 14053 NORTHUMBERLAND #103 FT. MYERS, FL 33908 US
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**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number *59-2482173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, KATHLEEN  
14053 NORTHUMBERLAND DR SW  
#103  
FT. MYERS, FL 33908

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPPENJANS, A. J. 2525 MULLIGAN LANE BELLEVILLE, FL 62220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARST, STEPHEN 14053 NORTHUMBERLAND DR #201 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD KELLY, KATHLEEN 14053 NORTHUMBERLAND DR #103 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELL, JEFFREY 216 EILER ROAD BELLEVILLE, IL 62223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLIDAY, DAN 31 SHALLOWBROOK DR O FALLON, IL 62269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000811113  
02/11/08-80013-019 61.25

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:**  **1/30/08** **239/432-0131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Kathleen L. Kelly