


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90112 043 ****61.25

DOCUMENT # 767370 1. Entity Name FOREST PARK SOUTH II CONDOMINIUM ASSOCIATION OF CORAL SPRINGS, INC.					
Principal Place of Business 7932 WILES ROAD CORAL SPRINGS, FL 33067 US			Mailing Address 7932 WILES ROAD CORAL SPRINGS, FL 33067 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2322469	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERT KAYE & ASSOCIATES, P.A. 6261 N.W. 6TH WAY #103 FT. LAUDERDALE, FL 33309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR - VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BODGEN, RICHARD		NAME	JOHNSON, DEBBIE	
STREET ADDRESS	8381 ROYAL PALM BLVD		STREET ADDRESS	8355 Royal Palm Blvd	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR - TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPECTOR, ERIC		NAME	MCKEAGE, KYM	
STREET ADDRESS	8383 ROYAL PALM BOULEVARD		STREET ADDRESS	8375 ROYAL PALM BLVD	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR - SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, SUSAN		NAME	PALMER, TRACY	
STREET ADDRESS	8387 ROYAL PALM BLVD		STREET ADDRESS	8319 ROYAL PALM BLVD	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Richard Bodgen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/17/05</u> Daytime Phone #: <u>954-344-5353</u>		

50029058



02172005 Chg-NP CR2E037 (10/03)