

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90064 037 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, P.A. 6261 N.W. 6TH WAY #103 FT. LAUDERDALE, FL 33309					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ (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. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME BODGEN, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE P	NAME McKeage, Kym	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8381 ROYAL PALM BLVD	CITY-ST-ZIP CORAL SPRINGS, FL 33065		STREET ADDRESS 8375 Royal Palm Blvd.	CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE VP	NAME NELSON, SCOTT	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME Palmer, Tracy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8551 ROYAL PLAM BLVD.	CITY-ST-ZIP CORAL SPRINGS, FL 33065		STREET ADDRESS 8319 Royal Palm Blvd.	CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE TD	NAME MCKEAGE, KYM	<input checked="" type="checkbox"/> Delete	TITLE T	NAME Nelson, Scott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8375 ROYAL PALM BLVD	CITY-ST-ZIP CORAL SPRINGS, FL 33065		STREET ADDRESS 8551 Royal Palm Blvd.	CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE ST	NAME PALMER, TRACY	<input checked="" type="checkbox"/> Delete	TITLE S	NAME MERCADO, YELITZA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8319 ROYAL PALM BLVD	CITY-ST-ZIP CORAL SPRINGS, FL 33065		STREET ADDRESS 8345 ROYAL PALM BLVD.	CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE VP	NAME MERCADO, YELITZA	<input checked="" type="checkbox"/> Delete	TITLE D	NAME medina, Tessie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8345 ROYAL PLAM BLVD.	CITY-ST-ZIP CORAL SPRINGS, FL 33065		STREET ADDRESS 8385 ROYAL PALM BLVD.	CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		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: <u>Kym McKeage</u>			SIGNATURE: <u>Kym McKeage</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>3/26/08</u> Daytime Phone # <u>561-994-9360</u>		