
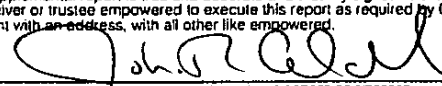


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 JUN 27 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008428					
1. Entity Name THE FORUM AT FORT MYERS ASSOCIATION, INC.					
Principal Place of Business C/O BOND, SCHOENECK & KING, PLLC 111 WASHINGTON AVE ALBANY, NY 12210			Mailing Address C/O BOND, SCHOENECK & KING, PLLC 111 WASHINGTON AVE ALBANY, NY 12210		
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	4. FEI Number 20-1060319	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing)					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY- ST- ZIP	MGR ALDRICH, JOHN R ESQ 111 WASHINGTON AVE ALBANY, NY 12210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/T/D Aldrich, John R. Esq. 111 Washington Ave. Albany, NY 12210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HORN, MICHAEL E 17817 DAVENPORT ROAD SUITE 210 DALLAS, TX 75252 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	100132027411 07/01/08--01006--002 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BIRD, KEVIN 17817 DAVENPORT ROAD SUITE 210 DALLAS, TX 75252 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			6/20/08 518-533-3280		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		