

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90034 041 ****61.25

DOCUMENT # N03000009728

1. Entity Name
FOREST AVENUE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
~~648 DARTMOUTH ST~~
~~ORLANDO, FL 32804~~

Mailing Address
~~648 DARTMOUTH ST~~
~~ORLANDO, FL 32804~~

94058282

2. Principal Place of Business
13 NORTH FOREST AVE
Suite, Apt. #, etc.

3. Mailing Address
13 NORTH FOREST AVE
Suite, Apt. #, etc.



02252004 Chg-NP CR2E037 (10/03)

City & State
ORLANDO
Zip
32803 Country

City & State
ORLANDO
Zip
32803 Country

4. FEI Number
53-0854909

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAZARUS, RANDALL C
648 DARTMOUTH ST
ORLANDO, FL 32804

ADOLFO →

7. Name and Address of New Registered Agent

Name
ADOLFO VASQUEZ
Street Address (P.O. Box Number is Not Acceptable)
13 NORTH FOREST AVE
City
ORLANDO FL Zip Code
32803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/04

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LAZARUS, RANDALL C	
STREET ADDRESS	648 DARTMOUTH ST	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LAZARUS, ROBERT	
STREET ADDRESS	648 DARTMOUTH ST	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	RONCA, LOUIS	
STREET ADDRESS	648 DARTMOUTH ST	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADOLFO VASQUEZ	
STREET ADDRESS	13 NORTH FOREST AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON OKORSKI	
STREET ADDRESS	9 NORTH FOREST AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKY OVERTON	
STREET ADDRESS	11 NORTH FOREST AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELISSA J. TEACHWORTH	
STREET ADDRESS	15 NORTH FOREST AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ADOLFO VASQUEZ 3/25/04 407-822-1884