

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009728

FILED  
Sep 17, 2009  
Secretary of State

**Entity Name:** FOREST AVENUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13 NORTH FOREST AVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

9 NORTH FOREST AVE  
ORLANDO, FL 32803

**Current Mailing Address:**

13 NORTH FOREST AVE  
ORLANDO, FL 32803

**New Mailing Address:**

9 NORTH FOREST AVE  
ORLANDO, FL 32803

**FEI Number:** 55-0854909      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

VASQUEZ, ADOLFO  
13 NORTH FOREST AVE  
ORLANDO, FL 32803    US

**Name and Address of New Registered Agent:**

LEON, OKOPSKI  
9 NORTH FOREST AVE  
ORLANDO, FL 32803    US

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.

SIGNATURE: LEON OKOPSKI

09/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: VASQUEZ, ADOLFO  
Address: 13 NORTH FOREST AVE.  
City-St-Zip: ORLANDO, FL 32803

Title: VP      ( ) Delete  
Name: OKOPSKI, LEON  
Address: 9 NORTH FOREST AVE.  
City-St-Zip: ORLANDO, FL 32803

Title: T      ( ) Delete  
Name: OVERTON, BECKY  
Address: 11 NORTH FOREST AVE  
City-St-Zip: ORLANDO, FL 32803

Title: S      (X) Delete  
Name: TEACHWORTH, MELISSA J  
Address: 15 NORTH FOREST AVE.  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON OKOPSKI

VP

09/17/2009

Electronic Signature of Signing Officer or Director

Date