### 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # N04979**

1. Entity Name

FORMOSA GARDENS MASTER PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7836 W. IRLO BRONSON HWY KISSIMMEE, FL 34747 US 7836 W. IRLO BRONSON HWY KISSIMMEE, FL 34747 US

# FILED May 08, 2006 08:00 A Secretary of State



### DO NOT WRITE IN THIS SPACE

05032006 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2541941

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEN, GEORGE 7836 W. IRLO BRONSON HWY KISSIMMEE, FL 34747

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the obligat	tions of registered agent.					·
SIGNATURE.	Signature, typed or printed name of registered agent and	tife if applicable. (NOTE: Registered	Agent signature	required when reinstating)	 DATE	
D	Filing Fee is \$61.25 ue by September 6, 2006	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					 	
TITLE NAME	D SALISBURY, JAMES					
STREET ADDRESS   7836 W IRLO BRONSON HWY						

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. Lam familiar with, and accept

U00000564324 05/20/06-80058-010 61.2

CITY-ST-ZIP KISSIMMEE, FL 34747 TITLE NAME CHEN, JOSEPHINE STREET ADDRESS 7836 W IRLO BRONSON HWY CITY-ST-ZIP KISSIMMEE, FL 34747 TITLE NAME CHEN, GEORGE STREET ADDRESS 7836 W. IRLO BRONSON HWY CITY - ST - ZIP KISSIMMEE, FL 34747 NAME STREET ADDRESS CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filling 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 ampowered.

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Chen

5-4-06

407-396-1188

Daytime Phone #