## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N12928

(0)

THE FOREST CLUB PROPERTY OWNERS' ASSOCIATION, IN

## **FILED** Feb 03 1998 8:00am Secretary of State

|--|

C.											
Principal Place of Business				Mailing Address					-		
711 FOREST CLUB DRIVE WEST				71! FOREST CLUB DRIVE WEST				-	3. Date Incorporated or Qualified		
WEST PALM BI	EACH FL 334	ST PALM BEACH FL 33414					01/10/1986				
								ľ	4. FEI Number Applied For		
<u> </u>									59-2817267 Not Applicab		
2. Principal Place of Business				2a. Mailing Address					5. Certificate of Status Desired \$8.75 Additional		
21				26					ree nequired		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State				City & State					7. Is this nonprofit corporation a homeowners association?		
23				Zip Country					☐ Yes ☐ No		
<u> </u>	Zip Country			Zip Country			У		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24				g 30					Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent 10. Name at 81 Name									10. Hallo dila Hallo di Anna di		
FRANKS	S STANLEY	,						,	ss (P.O. Box Number is Not Acceptable)		
FRANKS, STANLEY 711 FOREST CLUB DRIVE WEST				82 Street A 83				ieėt Vadies	ss (F.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33414											
						84		-	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE											
	Signature, typed	or printed name of registered ag			VOTE: Registere	d Ag	ent sig	mature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PVD	OFFICERS AN	ID DIKE	DELETE	1,1 T	m E			ADDITIONS/CHANGES TO CHICERS AND BIRECTORS IN (2		
NAME	1	E, CHARLES			1.2 N						
STREET ADDRESS		REST CLUB DR W.					T ADDR	RESS			
CITY-ST-ZIP		ALM BEACH FL					ST-ZIP				
TITLE	DST			DELETE 2.1 TO			O		☐ Change ☐ Additio		
NAME		SHIRLEY			2.2 N	AME					
STREET ADDRESS		REST CLUB DR W.			2.3 \$	TREET	T ADDA	RESS			
CITY-ST-ZIP		ALM BEACH FL			2.40	YTEC	ST-ZIF	P			
TITLE	D			☐ DELETE	3.1 T	ITLE			Change Addition		
NAME	RIZZA, I	EILEEN E			3.2 N	AME					
STREET ADDRESS	711 FO	rest club drive w	!		3.3 S	TREE	T ADDR	RESS			
CITY-ST-ZIP	WEST P	ALM BEACH FL 334	14		3.4.0	CITY-	ST-ZIF	P			
TITLE				DELETE	4.1 T	ITLE			Change Addition		
NAME					4.21	IAME					
STREET ADDRESS					4.3 S	TREE	T ADDR	RESS			
CITY-ST-ZIP					4.4 0	ITY-S	ST-ZIP				
TITLE				☐ DELETE	5.1 T	ITLE		1	Change L Addition		
NAME					5.2 N	AME					
STREET ADDRESS					5.3 S	TREE	T ADDR	RESS			
CITY-ST-ZIP					5.4 0	ITY-S	ST-ZIP	·			
TITLE				☐ DELETE	6.1 T	ITLE			Change Addition		
NAME					6.2 N	AME			•		
STREET ADDRESS					6,3 \$	TREET	T ADDR	ress			
CITY-ST-ZIP							ST-ZIP				
14. I hereby o	certify that th	e information supplied	v <del>ith this 1</del> at annua	filing does not qualify	y for the ex	emp	otion	stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an		

ered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: