

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24673** (8)  
1. Corporation Name  
**FOREST PLAZA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>C/O S. ANTHONY MINIEA 6545 S.W. 134TH DRIVE MIAMI FL 33156</b>	Mailing Address <b>C/O S. ANTHONY MINIEA 6545 S.W. 134TH DRIVE MIAMI FL 33156</b>
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2. Principal Place of Business <b>21 C/O S. ANTHONY MINIEA</b> Suite, Apt. #, etc. <b>22 298 SOUTH DRIVE</b> City & State <b>23 ISLAMORADA, FL</b> Zip <b>24 33036</b>	2a. Mailing Address <b>25 C/O S. ANTHONY MINIEA</b> Suite, Apt. #, etc. <b>26 298 SOUTH DRIVE</b> City & State <b>27 ISLAMORADA, FL</b> Zip <b>28 33036</b>
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3. Date Incorporated or Qualified <b>02/04/1988</b>	4. FEI Number <b>59-2843096</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>MINIEA, S. ANTHONY - 6545 SW 134TH DRIVE - MIAMI FL 33156 -</b>	<b>MINIEA, S. ANTHONY 298 SOUTH DRIVE ISLAMORADA, FL 33036</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b>
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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MINIEA, S. ANTHONY</b> <i>change to →</i>
STREET ADDRESS	<b>6545 SW 134TH DR.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>MINIEA, JUDITH</b> <i>change to →</i>
STREET ADDRESS	<b>6545 SW 134TH DR.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>MINIEA, MATTHEW ANTHONY</b> <i>change to →</i>
STREET ADDRESS	<b>6545 SW 134TH DR.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MINIEA, S. ANTHONY</b>
1.3 STREET ADDRESS	<b>298 SOUTH DRIVE</b>
1.4 CITY - ST - ZIP	<b>ISLAMORADA, FL 33036</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MINIEA, JUDITH</b>
2.3 STREET ADDRESS	<b>298 SOUTH DRIVE</b>
2.4 CITY - ST - ZIP	<b>ISLAMORADA, FL 33036</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MINIEA, MATTHEW ANTHONY</b>
3.3 STREET ADDRESS	<b>298 SOUTH DRIVE</b>
3.4 CITY - ST - ZIP	<b>ISLAMORADA, FL 33036</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/9/97* (305) 813 0552

CR2E037 (10/97)