


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90288 048 \*\*\*\*61.25

<b>DOCUMENT # N25697</b> 1. Entity Name <b>FOREST POINTE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4400 W SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073 US</b>			Mailing Address <b>4400 W SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>GREENBERG, MICHAEL 4400 W SAMPLE RD STE 200 COCOUNT CREEK, FL 33073</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP JOANISSE, PHILIPPE</b> <input checked="" type="checkbox"/> Delete <b>4400 W SAMPLE RD., STE. 200 COCONUT CREEK, FL 33073</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BEER, T.R.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4400 W SAMPLE ROAD, STE 200 COCONUT CREEK, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP CLEMENT, GARY</b> <input type="checkbox"/> Delete <b>4400 W SAMPLE RD STE 200 COCONUT CREEK, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST RODGERS, FRANK</b> <input type="checkbox"/> Delete <b>4400 WEST SAMPLE ROAD COCONUT CREEK, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Frank Rodgers</u> FRANK RODGERS, SEP/26/04 954-973-4490</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					