4/23

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State
04-23-2001 90113 048 ****61.25

DOCUMENT # N95000005997

1. Entity Name

FOREST VIEW ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6420 CONIFER COVE CT JACKSONVILLE FL 32218	6420 CONIFER COVE CT JACKSONVILLE FL 32218

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3364901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWE AND ROWE PA
9471 BAYMEADOWS ROAD STE 203
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRADDOCK, WILLIAM R 14400 BRADDOCK ROAD JACKSONVILLE FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bobby Deal 6410 Conifer Cove Ct Jax Fl 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROWE, JENNIE B 8112 PINE LAKE ROAD JACKSONVILLE FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V P John Young 6450 Conifer Cove Ct Jax Fl 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEONARD, J F 10420 LEM TURNER ROAD JACKSONVILLE FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dorothy Starling 6420 Conifer Cove Ct Jax Fl 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTLEY, CORALIE B 9242 ADAMS AVENUE JACKSONVILLE FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Debbie Jones 6431 Conifer Cove Ct Jax Fl 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARDSON, LIBBY B 849 POINTE LAVISTA ROAD, N JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Com Jim Cox 14510 Braddock Rd Jax Fl 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONARD, TOMMIE B 6009 DUNN AVENUE JACKSONVILLE FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Com Vernie Smith 14450 Conifer Cove Tr Jax Fl 32218	☒ Change ☐ Addition

CR2E037 (10/00)

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.

SIGNATURE: Debbie Jones REQUIRED Debbie Jones 3/24/01 904-765-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #