

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005997

Entity Name: FOREST VIEW ESTATES ASSOCIATION, INC.

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

14470 CONIFER COVE TRAIL
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

14470 CONIFER COVE TRAIL
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3364901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOUNG, JOHN
Address: 6450 CONIFER COVE CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD () Delete
Name: JONES, DEBBIE V
Address: 6431 CONIFER COVE CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: D'ANGELO, RHONDA
Address: 6420 CONIFER COVE CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: COMD () Delete
Name: COX, JIM
Address: 14510 BRADDOCK ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: COMD () Delete
Name: THOMPSON, JEFF
Address: 6441 CONIFER COVE CT
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA D'ANGELO

SD

01/07/2004

Electronic Signature of Signing Officer or Director

Date