2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

DOCUMENT # NOCOOOO2722



1. Entity Name FOREST VIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.							02-25-2008 9	90035 036 **	**61.25
Principal Place of Business PRIME MANAGEMENT 6595 SMITH FARM BLVD. LAKE WORTH, FL 33467 US Mailing Address PRIME MANAGEMENT 6595 SMITH FARM BLVD. LAKE WORTH, FL 33467					s	400303) ö y		
Principal Place of Business - No P.O. Box # Mailing Address									<u> </u>
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			01092008	Chg-NP	CR2E037 (12	/06)
City & State		С	City & State			4. FEI Number 65-0743			Applied For Not Applicable
Zip	Country	2	ip	Cou	untry	5. Certificate of	of Status Desired		5 Additional equired
	6. Name and Address	ss of Current Register	ed Agent		Name	7. Name and	Address of New R	egistered Agent	
SACHS & SAX 301 YAMATO RD. STE. 4150					ess (P.O. Box Number	is Not Acceptable	·)		
	TON, FL 33431								
					City			FL Zi	p Code
8. The above the obligat	named entity submits thi ions of registered agent.	s statement for the pur	pose of changing its	register	ed office or regi	istered agent, or both	n, in the State of Flo	rida. I am familia	r with, and accept
SIGNATURE .	Signature, typed or printed name	of registered agent and title if ap	oplicable. (NOT	: Registere	d Agent signature rec	quired when reinstating)		DATE	
						· · · · · · · · · · · · · · · · · · ·			
	Filing Fee is \$61 Due by May 1, 20		9. Election Can Trust Fund C			\$5.00 May Be Added to Fees	, I	ake check paya ida Department	
10.	Due by May 1, 20		9. Election Can Trust Fund C			\$5.00 May Be Added to Fees	, I	ake check paya Ida Department	of State
TITLE NAME STREET ADDRESS	Due by May 1, 20 OFFIC P DAMATO, JOSEPH 7470 KINGSLEY CO	08 CERS AND DIRECTORS	9. Election Can Trust Fund C	11. IIIU NAM	ion.	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFICE	ake check paya Ida Department	ORS IN 10
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	P DAMATO, JOSEPH 7470 KINGSLEY CO LAKE WORTH, FL	08 CERS AND DIRECTORS	9. Election Car Trust Fund C	11. TITU NAM STRE	E E E E T ADDRESS -ST-ZIP	\$5.00 May Be Added to Fees	NGES TO OFFICE	ake check paya Ida Department RS AND DIRECTO	ORS IN 10 Addition
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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: