

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90279 001 \*\*\*122.50

**DOCUMENT # N99000000258**

1. Entity Name

**FOREST COVE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**235 SOUTH MAITLAND AVENUE #216  
MAITLAND FL 32751****235 SOUTH MAITLAND AVENUE #216  
MAITLAND FL 32751-5638**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, BERRY J JR.  
235 SOUTH MAITLAND AVENUE #216  
MAITLAND FL 32751**

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

*Berry J. Walker, Jr.* **BERRY J. WALKER, JR.****4/30/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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          | PD                             | <input type="checkbox"/> Delete |
| NAME           | WALKER, BERRY J JR.            |                                 |
| STREET ADDRESS | 235 SOUTH MAITLAND AVENUE #216 |                                 |
| CITY-ST-ZIP    | MAITLAND FL 32751              |                                 |
| TITLE          | STD                            | <input type="checkbox"/> Delete |
| NAME           | SPEIGNER, JAMES O              |                                 |
| STREET ADDRESS | POST OFFICE BOX 1166           |                                 |
| CITY-ST-ZIP    | CAPE CANAVERAL FL 32920        |                                 |
| TITLE          | VD                             | <input type="checkbox"/> Delete |
| NAME           | LENOX, DAVID R                 |                                 |
| STREET ADDRESS | 135 W. CENTRAL BLVD. #1100     |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32801               |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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:

*Berry J. Walker, Jr.* **BERRY J. WALKER, JR., PRES.****4/30/00****407-644-6535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)