## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095262 (6)

FOREST COVE AT THE TRAILS, INC.

Principal Place of Business

Mailing Address

**FILED** May 05 1998 8:00am Secretary of State



235 S. MAITLAND AVE., STE, 216 MAITLAND FL 32751			235 S. MAITLAND AVE STE. 216 MAITLAND FL 32751		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
2. Princinal Pi	ace of Business	2a. Mailing Address	2		11/05/1997 4, FEI Number		olied For	
21	dog of Education	26			59-3477495		Applicable	
Suite, Apt. 4	#, etc	Suite, Apt. #, etc				\$8.75 Ac	<del></del>	
22		27			5. Certificate of Status Desired	Fee Req		
City & State		City & State			6. Election Campaign Financing	\$5.00 N		
23		28			Trust Fund Contribution	Added to		
Zip	Country	Ζιρ	Coun	try	8. This corporation owes or has paid the c	current year Intar	ngible	
24	25				Personal Property Fax due June 30. 🔲 Yes 🔲 No			
	9. Name and Address of Curr	ent Registered Agent		.1	10. Name and Address of New Registere	d Agent		
	LKER, BERRY J JR.		ļ.	1 Name				
	S. MAITLAND AVE., STE. 210	8	E	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
MAI	ITLAND FL 32751		<u> </u>	_	· · · · · · · · · · · · · · · · · · ·			
				3			į	
			Ē	4 City	F	85 Zip Co	ode	
11. Pursuant to	n the provisions of Sections 607.0	502 and 607 1508. Florida	Statutes the abr	ve-named cor	poration submits this statement for the purpose		registered	
office or re	gistered a cent, or both, in the Sta	te of Florida, Such change	was authorized	by the corpora	ation's board of directors. I hereby accept the a	ppointment as re	gistered	
	n familia with, and accept the of	all little of the section but to sec	D5, FIORICA STATU			MILAR		
SIGNATURE	Signature, typed or printed marker of regulaternal.	agent and little Maplicatile	RRY J. (	UALKE	ured when reinstating) PATE	17/70		
12.	OFFICERS A	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF		IN 12	
TITLE	•	☐ DELET	E 1.1 TITL	P	/P		Addition	
NAME	WALKER, BERRY H JR		1.2 NAM	E W	ALKER, BERRY J. J	<b>な</b> 。	ŀ	
STREET ADDRESS	235 S. MAITLAND AVE., ST	E. 216	1.3 STRE	ET ADDRESS		• •		
CITY-ST-ZIP	MAITLAND FL 32751			- S1 - ZIP				
TITLE	-	☐ DELET	E 2.1 TITU			☐ Change	Addition	
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY	7-ST-ZIP				
TITLE		☐ DCLET	E 3.1 111()			Change	☐ Addition	
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CiTY	'- SI - ZIP				
TITLE		☐ DELET	E 4.1 TITLI			Change	☐ Addition	
NAME			4. 2 NAN	Œ				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CHY	- ST - ZIP				
TITLE	_	☐ DELET	£ 5.1 THTLI			Change	Addition	
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	- ST - ZIP				
TITLE		☐ DELET				☐ Change	Addition	
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-7IP				ST. 7IP				

14. 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 annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address