

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080759

FILED
Mar 17, 2010
Secretary of State

Entity Name: EQUITY ONE (FOREST VILLAGE) INC.

Current Principal Place of Business:

1600 NE MIAMI GARDENS DRIVE
N. MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1600 NE MIAMI GARDENS DRIVE
N. MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: 65-0894363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD
Name: OLSON, JEFFREY S
Address: 1600 N.E. MIAMI GARDENS DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33179 US

Title: VPSD
Name: GALLAGHER, ARTHUR L
Address: 1600 N.E. MIAMI GARDENS DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33179 US

Title: VP&T
Name: LANGER, MARK
Address: 1600 N.E. MIAMI GARDENS DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33179 US

Title: VP
Name: CHOQUETTE, KEN
Address: 1600 N.E. MIAMI GARDENS DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33179 US

Title: P
Name: CAPUTO, THOMAS
Address: 650 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10019 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR L. GALLAGHER

VP&S

03/17/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date