

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766056 (6)

1. Corporation Name
FOREST RIDGE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2413 FIRST AVE FERNANDINA BCH. FL 32034-2347

3. Date Incorporated or Qualified **12/09/1982** 3a. Date of Last Report **04/12/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2552425	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**VONK, ALISON
2413 FIRST AVENUE #A8
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and street address

(NOTE: Registered Agent Signature Required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JOSEPH	1.2 NAME	
STREET ADDRESS	103 SEA MARSH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONK, ALLISON	2.2 NAME	
STREET ADDRESS	2413 FIRST AVENUE #A-8	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILMAN, JIM	3.2 NAME	
STREET ADDRESS	2413 FIRST AVENUE #C-6	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNDER, CHARLIE	4.2 NAME	
STREET ADDRESS	3403 CRICKET CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGNE, CONRAD	5.2 NAME	
STREET ADDRESS	2413 FIRST AVENUE #V3	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VICE-PRES./SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAMER, PAT	6.2 NAME	
STREET ADDRESS	2413 FIRST AVE #V4	6.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alison Vonk

Alison Vonk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

904-261-6699

Daytime Phone #

CR2E037 (12/95)