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Feb 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 766056 (6)

1. Corporation Name  
FOREST RIDGE VILLAGE CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business: 2413 FIRST AVE. FERNANDINA BCH. FL 32034-2347  
Mailing Address: 2413 FIRST AVE. FERNANDINA BCH. FL 32034-4584

3. Date Incorporated or Qualified: 12/09/1982  
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-questions for Suite, City & State, Zip, and Country.  
4. FEI Number: 59-2552425  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Rows include: PS MURPHY, JOSEPH; D VONK, ALLISON; T SPILMAN, JIM; D GRUNDER, CHARLIE; VPS BEAMER, PAT.

Table with columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition. Rows 1.1 through 6.4.

14. I do 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 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: Allison Vonk [Signature] Jan. 30, 1997 904-261-6699

CR2E037 (9/96)