FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

766056

(6)

FOREST RIDGE VILLAGE CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

FILED Feb 10 1997 8:00am Secretary of State



2413 FIRST AVE FERNANDINA BO	: CH. FL 32034-2347	2413 FIRST AVE. FERNANDINA BCH. FL 32034-4584									
						3. Date Incorporated or Qualified 12/09/1982	3a. Date of 01/	Last Re 25/198	port 6		
2. Principal Pla	2a. Mailing Address	ess			4. FEI Number	- -	Ap	plied For			
21		26	26			59-2552425		No	Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	_ \$	8.75 A	dditional		
22		27				5. Certificate of Status Dealled		Fee Re	quired		
City & State		City & State	 			6. Election Campaign Financing		5.00			
23		28				Trust Fund Contribution		Added to			
Zip	Country	Zip	<u> </u>	untry		8. This corporation has liability for			199.032,		
24	25 29 30 9. Name and Address of Current Registered Agent			, -		Florida Statutes Yes J No 10. Name and Address of New Registered Agent					
9. Name and Address of Current Registered Agent						81 Name					
VONK, ALISON 2413 FIRST AVENUE #A8				82	Street Ad	dress (P.O. Box Number is Not Acceptab	ole) 				
FERNANDINA BEACH FL 32034				83							
	A CAMPAGE OF THE STATE OF THE S			84	City		FL 8	Zip (Code		
11. Pursuant to	o the provisions of Sections 617.050	2 and 617.1508, Florida Statut	tes, the a	bove	-named co	proporation submits this statement for the p	ourpose of cha	nging its	s registered		
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, or both and accept the appointment as registered agent, or both and accept the spirituations of Section 517.0503. Florida Statutes											
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	Stgnature, typed or printed name of registered ag-	ent and title if applicable (NO)	E: Registers	d Age	ent signature rec	quired when reinstating)	DATE				
12,		ID DIRECTORS	13.		···· ·	ADDITIONS/CHANGES TO OFFICE	CERS AND DIF	RECTOR	S IN 12		
TITLE	PS	☐ DELETE	DELETE 1.1 TO					Change	☐ Addition		
NAME	Murphy, Joseph		1.2 N	IAME							
STREET ADDRESS	103 SEA MARSH ROAD	D3 SEA MARSH ROAD 1.3			ADDRESS						
CITY-ST-ZIP	AMELIA ISLAND FL 140			CITY-S	T-ZIP						
TITLE	-			ITLE		•		Change	☐ Addition		
NAME				IAME							
STREET ADDRESS				STREET	ADDRESS				1		
CITY-ST-ZIP	FERNANDINA BEACH FL 2.4			CITY-	ST-ZIP						
TITLE	T DELETE 3.1			ITLE				Change	Addition		
NAME				NAME							
STREET ADDRESS	2413 FIRST AVENUE #C-8		3.3 \$	STREET	ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE				TITLE				Change	Addition		
NAME	GRUNDER, CHARLIE		4.21								
STREET ADDRESS	3403 CRICKET CIRCLE		4.3 STR								
CiTY-ST-ZiP	EDISON NJ		CITY-S	ST-ZIP							
TITLE	VP\$	☐ DELETE		TITLE			LJ	Change	Addition		
NAME	BEAMER, PAT		5.2 NAME								
STREET ADDRESS	2413 FIRST AVE., #V-4		5.3	STREET	ADDRESS						
CITY - ST - ZIP	FERNANDINA BEACH FL			CITY-S	ST-ZIP			0	1 1 1 1 1 1 1 1		
TITLE		☐ DELETÉ	- 6	TITLE	1			Change	Addition		
NAME				NAME							
STREET ADDRESS			1		ADDRESS						
CITY-ST-ZIP	and the state of t	ad the thin filling doop and arrest			ST-ZIP	stad in Section 119 07/3Vi) Florida Statute	no I further on	rtifu that	tha		

The interest centry making annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: \(\sigma \)

Allison Vonk

904-261-6699