


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766056 (6)
 1. Corporation Name
FOREST RIDGE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2413 FIRST AVE. FERNANDINA BCH. FL 32034-2347	Mailing Address 2413 FIRST AVE. FERNANDINA BCH. FL 32034-2347
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21 Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified
12/09/1982

4. FEI Number
59-2552425

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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 **Jeffrey Tomassetti Atty**

82 Street Address (P.O. Box Number is Not Acceptable)
406 Ash Street

83 **Fernandina Beach, FL 32034**

84 City **Fernandina Beach,** **FL** **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 617.0505, Florida Statutes.

SIGNATURE *[Signature]* **4.3.98** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	MURPHY, JOSEPH	
STREET ADDRESS	103 SEA MARSH ROAD	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VONK, ALLISON	
STREET ADDRESS	2413 FIRST AVENUE, #A-8	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SPILMAN, JIM	
STREET ADDRESS	2413 FIRST AVENUE #C-6	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRUNDER, CHARLIE	
STREET ADDRESS	3403 CRICKET CIRCLE	
CITY-ST-ZIP	EDISON NJ	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	BEAMER, PAT	
STREET ADDRESS	2413 FIRST AVE., #V-4	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charlie Thompson	
3.3 STREET ADDRESS	7020 Devon Dr.	
3.4 CITY-ST-ZIP	Cumming, Ga., 30130	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mike Blount	
4.3 STREET ADDRESS	2413 First Ave., #E-3	
4.4 CITY-ST-ZIP	Fernandina Beach, FL, 32034	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gary Corn	
6.3 STREET ADDRESS	2413 First Ave., #C-1	
6.4 CITY-ST-ZIP	Fernandina Beach, FL, 32034	

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 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: *[Signature]* **11/13/98**

CR2E037 (10/97)