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Apr 15, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766056

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 32034-2347
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/09/1982
Suite, Apt. #, etc. -- 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2552425
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TOMASSETTI, JEFFREY ATTY 406 ASH STREET FERNANDINA BEACH FL 32034		81 Name	Travis M. Murphy ATTY
		82 Street Address (P.O. Box Number is Not Acceptable)	205 1/2 Centre Street Suite # R
		83	Fernandina Beach, FL 32034
		84 City	Fernandina Beach FL
		85 Zip Code	32034

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 Travis M. Murphy Travis M. Murphy DATE 4/5/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JOSEPH	1.2 NAME	BLOUNT, MIKE
STREET ADDRESS	103 SEA MARSH ROAD	1.3 STREET ADDRESS	2413 First Avenue Unit #E-3
CITY-ST-ZIP	AMELIA ISLAND FL	1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONK, ALLISON	2.2 NAME	CORN, GARY
STREET ADDRESS	2413 FIRST AVENUE, #A-8	2.3 STREET ADDRESS	2413 First Avenue Unit #E-6
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CHARLIE	3.2 NAME	PAQUETTE, ALAN
STREET ADDRESS	7020 DEVON DR	3.3 STREET ADDRESS	2413 First Avenue Unit #N-8
CITY-ST-ZIP	CUMMING GA 30130	3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, MIKE	4.2 NAME	THOMPSON, CHARLIE
STREET ADDRESS	2413 FIRST AVE., #E-3	4.3 STREET ADDRESS	2413 First Avenue Unit #M-2
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	4.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAMER, PAT	5.2 NAME	BEAMER, PAT
STREET ADDRESS	2413 FIRST AVE., #V-4	5.3 STREET ADDRESS	2413 First Ave., #V-4
CITY-ST-ZIP	FERNANDINA BEACH FL	5.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORN, GARY	6.2 NAME	PURSER, VIVIAN
STREET ADDRESS	2413 FIRST AVE., #C-1	6.3 STREET ADDRESS	2413 First Avenue Unit #H-3
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-23-99 904-261-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)