

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90010 024 ****61.25

DOCUMENT # 766056 1. Entity 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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent EMMERID, WILLIAM S COMMUNITY MANAGEMENT CONCEPTS, INC 7400 BAYMEADOWS WAY, SUITE 104 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name Sherrill Schaffer Street Address (P.O. Box Number is Not Acceptable) COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE 7400 BAYMEADOWS WAY, STE 317 City JACKSONVILLE FL Zip Code 32256	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SHERILL SCHAFER 7/11/08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLCOMB, VON 2413 FIRST AVENUE, UNIT #H-3 FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLCOMB, VON 2753 FOREST RIDGE DR FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAIRE, JACKIE 2413 FIRST AVENUE UNIT #U-8 FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBORAH POWERS 1728 HEATHER STREET FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUEHL, ROB 1484 GRIST MILL DRIVE ACWORTH, GA 30101 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM VAN DELINDER 6503 CREEK CIRCLE INDIAN TRAIL, NC-28079 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, SUE 2413 FIRST AVENUE, #F2 FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYNOLDS, SUE 9305 BRUNTSFIELD DR JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHRIE, GERRY 3867 SPRING MEADOW DRIVE ACWORTH, GA 30101 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECKY WILLIAMS 5029 GILLIONVILLE RD. ALBANY, GA 31721 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REESE, JIM 2413 FIRST AVENUE, #H-1 FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID DILL 1289 CREEK BEND RD. JACKSONVILLE, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			7-11-2008 904-367-8532		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		