

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766056

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** FOREST RIDGE VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2680 FOREST RIDGE DRIVE  
FERNANDINA BCH., FL 320342347

**New Principal Place of Business:**

**Current Mailing Address:**

2680 FOREST RIDGE DRIVE  
FERNANDINA BCH., FL 320342347

**New Mailing Address:**

**FEI Number:** 59-2552425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHAFER, SHERRILL  
COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVI  
7400 BAYMEADOWS WAY, SUITE 317  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** TD  
**Name:** DILL, DAVID  
**Address:** 2680 FOREST RIDGE DR  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

**Title:** D  
**Name:** JAMES, GRIFFIN  
**Address:** 2680 FOREST RIDGE DR.  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

**Title:** D  
**Name:** GUTHRIE, GERRY  
**Address:** 2680 FOREST RIDGE DR.  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

**Title:** SD  
**Name:** VANDELINDER, JANE  
**Address:** 2680 FOREST RDIGE DR.  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

**Title:** PD  
**Name:** HOLCOMB, VON  
**Address:** 2680 FOREST RIDGE DR.  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

**Title:** VPD  
**Name:** REESE, JAMES  
**Address:** 2680 FOREST RIDGE DRIVE  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SHERRILL SCHAFER

MGR

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date