

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-13-2002 90063 009 ****61.25

DOCUMENT # **N00000002735**

1. Entity Name

FOREST RIDGE TRAILS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

412 N.E. 16TH AVENUE
 GAINESVILLE FL 32601

Mailing Address

412 N.E. 16TH AVENUE
 GAINESVILLE FL 32601



DO NOT WRITE IN THIS SPACE

3164
 116 Terrace - Subdivision street

3. Mailing Address
 P.O. Box 218
 Suite, Apt. #, etc.

City & State
Morrison, FL
 Zip
32668

City & State
 Zip
 Country

4. FEI Number **59-3641719** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIES, LISA
 412 N.E. 16TH AVENUE
 GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name **Deniese Y. Clements**
 Street Address (P.O. Box Number is Not Acceptable)
4434 E. Arlington St., #5
 City **Inverness** FL Zip Code **34453**

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.

SIGNATURE **Deniese Y. Clements / Treasurer** DATE **4-19-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MCDONALD, JANET L 412 N.E. 16TH AVENUE GAINESVILLE FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DAVIES, LISA 412 N.E. 16TH AVENUE GAINESVILLE FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Whitney - President P.O. Box 58 Williston, FL 32696 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Allison Shepard - Secretary 33 Lakeshore Dr. Palm Harbor, FL 34684 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cheri Hurt - Vice President P.O. Box 962 Williston, FL 32696 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Deniese Y. Clements - Treasurer 4434 E. Arlington St., #5 Inverness, FL 34453 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kathleen Burk - Vice President 9901 Riverside Dr. Coral Springs, FL 33071 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Deniese Y. Clements / Treasurer** DATE: **4-19-02** DAYTIME PHONE #: **352-724-5888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (8/01)