

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90026 013 ****61.25

DOCUMENT # N00000002735
1. Entity Name
FOREST RIDGE TRAILS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: **316+116 TERRACE WILLISTON FL 32696**
Mailing Address: **PO BOX 218 MORRISTON FL 32668**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____



1st MOORE CR2E037 (10/04)

4. FEI Number: **59-3641719**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **CLEMENTS, DENIESE Y 4434 E. ARLINGTON ST., #5 INVERNESS FL 34453**
7. Name and Address of New Registered Agent: Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 - Due By May 1, 2005
9. Election Campaign Financing Trust Fund Contribution: **\$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: PD NAME: EDWARDS, CLAUDE STREET ADDRESS: 14612 HAMLIN BLVD CITY-ST-ZIP: LOXAHATCHEE FL 33470	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: DOCKTER, CATHERINE STREET ADDRESS: 11351 SE 12TH LANE CITY-ST-ZIP: MORRISTON FL 32668	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: DIAZ, PETER STREET ADDRESS: 16160 FOREST GLEN COURT CITY-ST-ZIP: PUNTA GORDA FL 33982	<input type="checkbox"/> Delete	TITLE: President/Director NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SHEPARD, ALISON STREET ADDRESS: 33 LAKESHORE DR CITY-ST-ZIP: PALM HARBOR FL 34684	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: CLEMENTS, DENIESE Y STREET ADDRESS: 4434 E ARLINGTON STREET #5 CITY-ST-ZIP: INVERNESS FL 34453	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice President/Director NAME: Donna Hamilton STREET ADDRESS: P.O. Box 1027 CITY-ST-ZIP: Williston, FL 32696	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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 exemption stated in Section 119.07(3)(i), 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: *Denise Y. Clements, Treas.* **Denise Y. Clements, 3-26-05 (352) 726-5888**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Treasurer** Date: _____ Daytime Phone #: _____