


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

04-12-2007 90035 050 ****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 - No P.O. Box # 350 SE 116 Terrace		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Williston, FL 32696		City & State	
Zip 32696	Country USA	Zip	Country
4. FEI Number 59-3641719		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOCKTER, CATHERINE 11351 SW 12TH LN MORRISTON, FL 32668		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 reissuing)			
Filing Fee is \$61.25 Due by May 1, 2007		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		DATE	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOCKTER, CATHERINE 11351 SE 12TH LANE MORRISTON, FL 32668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARNOW, JOHN N 330 TAMARACK RD POLMYRA, WI 53126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition N830 Tamarack Rd Polmyra, WI 53126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEPARD, ALISON 33 LAKESHORE DR PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, BETH 350 SE 116TH TERR WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, KAREN 4514 NEPTUNE DR SPRING HILL, FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4514 Neptune Dr. Hernando Beach, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <i>Beth Fernandez</i>		Date: 4-29-07	
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR		Daytime Phone #: 305-525 0024	