


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90019 017 ****61.25

DOCUMENT # N00000002735					
1. Entity Name FOREST RIDGE TRAILS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 350 SE 116 TERRACE WILLISTON, FL 32696		Mailing Address PO BOX 218 MORRISTON, FL 32668			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03142008 Chg-NP CR2E037 (12/06)	
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			7. Name and Address of New Registered Agent		
DOCKTER, CATHERINE 11351 SW 12TH LN MORRISTON, FL 32668			Name <u>Fernandez, Beth</u> Street Address (P.O. Box Number is Not Acceptable) <u>350 SE 116 Terr</u> City <u>Williston</u> FL Zip Code <u>32696</u>		
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 <u>Beth Fernandez</u>		<u>Beth Fernandez, Pres</u>		<u>3-15-08</u>	
		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 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	PD DOCKTER, CATHERINE 11351 SE 12TH LANE MORRISTON, FL 32668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fernandez, Beth 350 SE 116 Terrace Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARNOW, JOHN N 830 TAMARACK RD POLMYRA, WI 53126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Edwards, Claude 14412 Hamlin Blvd Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	TD Clements, Deniese 4434 Arlington Street Unit #5 Everness, FL 34453	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, KAREN 4514 NEPTUNE DR HERNANDO BEACH, FL 34607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Young, Karen 11670 SE 6 St Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Beth Fernandez</u>		<u>Beth Fernandez</u>		<u>3-15-08</u> <u>3055250026</u>	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	