

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002735

FILED
Mar 17, 2009
Secretary of State

Entity Name: FOREST RIDGE TRAILS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

350 SE 116 TERRACE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

PO BOX 218
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 59-3641719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, BETH
350 SE 116 TERR
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

CLEMENTS, DENIESE
4434 E ARLINGTON STREET, UNIT 5
INVERNESS, FL 34453 US

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 CLEMENTS

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDEZ, BETH
Address: 350M SE 116 TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: VPD () Delete
Name: EDWARDS, CLAUDE
Address: 14612 HAMLIN BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD () Delete
Name: SHEPARD, ALISON
Address: 33 LAKESHORE DR
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: CLEMENTS, DENIESE
Address: 4434 ARLINGTON STREET UNIT 5
City-St-Zip: INVERNESS, FL 34453

Title: VPD () Delete
Name: YOUNG, KAREN
Address: 11670 SE 6 ST
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERNANDEZ, BETH
Address: 350 SE 116 TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENIESE CLEMENTS

TD

03/17/2009

Electronic Signature of Signing Officer or Director

Date