

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002735

**FILED**  
**Apr 23, 2011**  
**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:**

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

**Name and Address of New Registered Agent:**

CLEMENTS, DENIESE  
350 SE 116 TERRACE  
WILLISTON, FL 32696 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/23/2011

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DENIESE CLEMENTS

TD

04/23/2011

Electronic Signature of Signing Officer or Director

Date