

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90138 023 ****61.25

DOCUMENT # N00000002735

1. Entity Name

Forest Ridge Trails Property Owners' Association, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

316 + 116 Terrace

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 218

Suite, Apt. #, etc.

City & State

Williston, FL

City & State

Morrison, FL

Zip

32696

Country

USA

Zip

32668

Country

USA

4. FEI Number

59-3641719

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

10033280

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Deniese Y. Clements

Street Address (P.O. Box Number is Not Acceptable)

4434 E. Arlington St., Unit 5

City Inverness

FL

Zip Code

34453

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$81.25
Initial or Amended UBR

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

TITLE	<u>President - Director</u>
NAME	<u>Claude Edwards</u>
STREET ADDRESS	<u>14612 Hamlin Blvd.</u>
CITY-ST-ZIP	<u>Loxahatchee, FL 33470</u>
TITLE	<u>Vice President - Director</u>
NAME	<u>Catherine Dackter</u>
STREET ADDRESS	<u>11351 S.E. 12th Lane</u>
CITY-ST-ZIP	<u>Morrison, FL 32668</u>
TITLE	<u>Vice President - Director</u>
NAME	<u>Kathleen Burk</u>
STREET ADDRESS	<u>4901 Riverside Dr.</u>
CITY-ST-ZIP	<u>Caral Springs, FL 33071</u>
TITLE	<u>Secretary - Director</u>
NAME	<u>Allison Shepard</u>
STREET ADDRESS	<u>33 Lakeshore Dr.</u>
CITY-ST-ZIP	<u>Palm Harbor, FL 34684</u>
TITLE	<u>Treasurer - Director</u>
NAME	<u>Deniese Y. Clements</u>
STREET ADDRESS	<u>4434 E. Arlington St., #5</u>
CITY-ST-ZIP	<u>Inverness, FL 34453</u>
TITLE	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deniese Y. Clements, Inc. Deniese Y. Clements, Treas. 3/4/03 352-726-5888

CR2E037B (12/02)