

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N25831** (1)  
1. Corporation Name

**FOREST RIDGE MASTER HOMEOWNERS ASSOCIATION INC.**

**PAID**  
JAN 29 1996



Principal Place of Business <b>% WALTER C. COLLINS</b> <del>441 E. OLAS BLVD.</del> <del>FT. LAUDERDALE FL 33301</del>		Mailing Address <b>GOLDMAN JUDA, P.A.</b> <b>7771 W OAKLAND PK #201</b> <b>FT. LAUDERDALE FL 33351</b> <b>US</b>	3. Date incorporated or Qualified <b>04/08/1988</b>	3a. Date of Last Report <b>04/05/1995</b>
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2. Principal Place of Business 21 <b>312 S.E. 17th St.</b>	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number <b>65-0109261</b>	Applied For Not Applicable
22 <b>Suite 300</b>	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>Ft. Lauderdale, FL</b>	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33316</b>	29 <b>USA</b>	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>COLLINS, WALTER C.</b> <del>441 E. OLAS BLVD.</del> <del>FT. LAUDERDALE FL 33301</del>		10. Name and Address of New Registered Agent 81 Name <b>COLLINS, WALTER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>312 SE 17th ST. SUITE 300</b> 83 84 City <b>FORT LAUDERDALE FL</b> 85 Zip Code <b>33316</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, WALTER C.</b>	1.2 NAME	<b>WALTER COLLINS</b>
STREET ADDRESS	<del>441 E. OLAS BLVD.</del> <b>312 S.E. 17th St. #300</b>	1.3 STREET ADDRESS	<b>312 S.E. 17th STREET</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33316</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANTRELL, WILLIAM</b>	2.2 NAME	<b>CANTRELL, WILLIAM</b>
STREET ADDRESS	<del>441 E. OLAS BLVD.</del> <b>312 S.E. 17th St. #300</b>	2.3 STREET ADDRESS	<b>312 S.E. 17th STREET</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33316</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, PHIL</b>	3.2 NAME	<b>ADAMS, PHIL</b>
STREET ADDRESS	<del>441 E. OLAS BLVD.</del> <b>312 S.E. 17th St. #300</b>	3.3 STREET ADDRESS	<b>312 S.E. 17th STREET</b>
CITY-ST-ZIP	<b>FT. LAUD FL</b>	3.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33316</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter C. Collins **2/15/96** **95A-527-0010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE TIME PHONE #  
**Walter C. Collins** **05 3-26-96**

CR2E037 (12/95)