

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N32375** (0)

1. Corporation Name
FOREST RIDGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
**4691 LAUREL OAK LANE NE
ST. PETERSBURG FL 33703
US** **FOREST RIDGE HOMEOWNER'S ASSOC.
4691 LAUREL OAK LANE NE
ST. PETERSBURG FL 33703
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/18/1989** 3a. Date of Last Report **04/04/1994**
4. FEI Number **59-3112512** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **333 WOOD DOVE AVE** 28 **PO 2166**
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 **TARPON** 27
City & State City & State
23 **TARPON SPRINGS FL** 28 **TARPON SPRINGS FL**
Zip Country Zip Country
24 **34689** 25 **USA** 29 **34688** 30 **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LARSON, WALTER I.
4691 LAUREL OAK LANE NE
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent
B1 Name **BILL GOLDMAN**
B2 Street Address (P.O. Box Number is Not Acceptable) **300 WOOD DOVE AVE**
B3
B4 City **TARPON SPRINGS** FL 85 Zip Code **34687**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Bill Goldman** *Bill Goldman* 3-1-95
Signature, typed or printed name of registered agent and title if applicable. (Date: For New Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| TITLE D | NAME LARSON, WALTER I. STREET ADDRESS 4691 LAUREL OAK LANE NE CITY - ST - ZIP ST. PETERSBURG FL |
| TITLE D | NAME LARSON, JEFFREY C. STREET ADDRESS 4691 LAUREL OAK LANE NE CITY - ST - ZIP ST. PETERSBURG FL |
| TITLE D | NAME PUGLIESE, LAWRENCE STREET ADDRESS 4691 LAUREL OAK LANE NE CITY - ST - ZIP ST. PETERSBURG FL |
| TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE | NAME STREET ADDRESS CITY - ST - ZIP |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE PRESIDENT P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME BILL GOLDMAN | |
| 1.3 STREET ADDRESS 300 WOOD DOVE AVE | |
| 1.4 CITY - ST - ZIP TARPON SPRINGS, FL 34689 | |
| 2.1 TITLE VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME N. L. DIKSON | |
| 2.3 STREET ADDRESS 333 WOOD DOVE AVE | |
| 2.4 CITY - ST - ZIP TARPON SPRINGS, FL 34689 | |
| 3.1 TITLE S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME JEFFREY C. LARSON | |
| 3.3 STREET ADDRESS 4691 LAUREL OAK LANE NE | |
| 3.4 CITY - ST - ZIP ST. PETERSBURG FL 33703 | |
| 4.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME SANDRA SILBERG | |
| 4.3 STREET ADDRESS 358 WOOD DOVE AVE | |
| 4.4 CITY - ST - ZIP TARPON SPRINGS FL 34689 | |
| 5.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME JUAN LAMP LANTZ | |
| 5.3 STREET ADDRESS 333 WOOD DOVE AVE | |
| 5.4 CITY - ST - ZIP TARPON SPRINGS FL 34689 | |

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 110.07(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 assignee or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Bill Goldman** *Bill Goldman* 3/1/95
Signature and typed or printed name of signing officer or director Date Daytime Phone #

13

TITLE

D

NAME

DANIEL SCHWEISS

STREET ADDRESS

360 WOOD IBIS AVE

CITY

TARENS SPRINGS FL 34689