FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(0)

FOREST RIDGE HOMEOWNER'S ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address					
320 WOOD IBIS AVENUE P.O. BOX 2616 TARPON SPRINGS FL 34689 TARPON SPRING FL 3461			38-26 16				
US		05			3. Date Incorporated or Qualified 05/18/1989	3a. Date of Last Report 02/26/1996	
21 377 /	Place of Business Wood Chuck AVE	2a. Mailing Address 26			4. FEI Number 59-3112512	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat 23 T AGS	on springs	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 34/02	89 25 Country I	Zip 29	30 Country			Yes No	
	'9. Name and Address of Curren	t Registered Agent	 B1	Mana	10. Name and Address of New Re	gistered Agent	
1			[81]	Name			
MALCHIODI, ALBERT 377 WOOD CHUCK AVENUE			82	•			
TARPO	N SPRING FL 34689		83				
			84	City		FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 617.050, registered agent, or both, in the State	2 and 617.1508, Florida Statu of Florida. Such change was	les, the above authorized by	named co	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	
-	am familiar with, and accept the obliga	ations of, Section 617.0503, Fi	orida Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E. Registered Age	nt signature req	uired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	V	ICE PERSILLAT	Change Addition	
NAME	MALCHIODI, ALBERT		1.2 NAME				
STREET ADDRESS	377 WOOD CHUCK AVENUE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE			Change Addition	
NAME	LARSON, JEFFREY C.		2.2 NAME				
STREET ADDRESS	4891 LAUREL OAK LANE NE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-5	ST-ZIP			
TITLE	T	X DELETE	3.1 TITLE	F	RANK LOPEZ - PECSIDE FRANK LOPEZ 14 NOOD DOVE AVE	Change Addition	
NAME	PETERSON, DAVID		3.2 NAME		Frank Lepez.		
STREET ADDRESS	320 WOOD IBIS AVENUE		3.3 STREET	ADDRESS 🚜	74 NOOD DOVE AVE		
CITY-ST-ZIP	TARPON SPRINGS FL		3.4. CITY-5	IT-ZIP	ARJON Spaing PL		
TITLE	S	☐ DELETE	4.1 TITLE	7	inecton.	Change Addition	
NAME	COSTENBADER, GLORIA		4.2 NAME	1	-		
STREET ADDRESS	367 WOOD IBIS AVENUE		4.3 STREET	ADDRESS			
CITY-S1-ZIP	TARPON SPRINGS FL		4.4 CITY-S	1			
THLE	D	DELETE	51 TITLE	5	ectactory	Change X Addition	
NAME	SILBERG, BARRY		5.2 NAME	D)	melenel Sobol	•	
STREET ADDRESS	358 WOOD DOVE AVENUE		5.3 STREET	ADDRESS /	ARLENESOSAL 801 NEODHANEN	_	
CITY-ST-ZIP	TARPON SPRINGS FL		5.4 CITY - S	T-7/P 77	ARBON EPRINGS PL, =	34689	
TITLE	P	DELETE	6.1 TITLE	· / ·	TREASURER	Change Addition	
1	GOLDMAN, BILL	-	6.2 NAME	1.	Leave Outor	* · · · · · · · · · · · · · · · · ·	

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)fi), 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.

300 WOOD DOVE AVE

TARPON SPRINGS FL

STREET ADDRESS

CITY - \$1 - ZIP

FILED

Mar 06 1997 8:00am

Secretary of State

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