


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32375 (0)**  
 1. Corporation Name  
**FOREST RIDGE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business 377 WOOD CHUCK AVE. TARPON SPRINGS FL 34689 US		Mailing Address P.O. BOX 2616 TARPON SPRING FL 34689 US		3. Date Incorporated or Qualified <b>05/18/1989</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		4. FEI Number <b>59-3112512</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MALCHIODI, ALBERT</b> <b>377 WOOD CHUCK AVENUE</b> <b>TARPON SPRING FL 34689</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 85 Zip Code

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: *Albert Malchiodi*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARSON, JEFFREY C.			2.2 NAME			
STREET ADDRESS	4691 LAUREL OAK LANE NE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANK LOPEZ			3.2 NAME			
STREET ADDRESS	374 WOOD DOVE AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COSTENBADER, GLORIA			4.2 NAME			
STREET ADDRESS	367 WOOD IBIS AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARLENE SADOR			5.2 NAME			
STREET ADDRESS	1801 WOOD HAVEN			5.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDMAN, BILL			6.2 NAME			
STREET ADDRESS	300 WOOD DOVE AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Albert Malchiodi, Director* Jan 22 1998 813-937-2148

CR2E037 (10/97)