

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90077 045 ****61.25

DOCUMENT # N32375

1. Entity Name

FOREST RIDGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

377 WOOD CHUCK AVE.
 TARPON SPRINGS FL 34689
 US

P.O. BOX 2616
 TARPON SPRING FL 34688-2616
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3112512

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALCHIODI, ALBERT
377 WOOD CHUCK AVENUE
TARPON SPRING FL 34689

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MALCHIODI, ALBERT	
STREET ADDRESS	377 WOOD CHUCK AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, JEFFREY C.	
STREET ADDRESS	4691 LAUREL OAK LANE NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRANK LOPEZ	
STREET ADDRESS	374 WOOD DOVE AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTENBADER, GLORIA	
STREET ADDRESS	367 WOOD IBIS AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SYBOR, MARLENE	
STREET ADDRESS	1801 WOOD HAVEN	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AITA, ANTHONY	
STREET ADDRESS	1745 WOOD BEND	
CITY-ST-ZIP	TARPON SPRINGS FL	

TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS TAURIELLO	
STREET ADDRESS	1961 WOOD BEND	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIYA, ANTHONY	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARLENE SYBOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

934-7740

CR2E037 (9/99)