

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90025 008 ****61.25

DOCUMENT # N32375

1. Entity 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

2. Principal Place of Business

3. Mailing Address

1961 Wood Bend Street

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL.

City & State

Zip

34689

Country

US

Country

4. FEI Number

59-3112512

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALCHIODI, ALBERT
 377 WOOD CHUCK AVENUE
 TARPON SPRING FL 34689

7. Name and Address of New Registered Agent

Name: Chris Tauriello
 Street Address (P.O. Box Number is Not Acceptable): 1961 Wood Bend Street
 City: Tarpon Springs, FL Zip Code: 34689

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

Christopher F. Tauriello, President 2/3/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE 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 checked="" 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	VP	<input type="checkbox"/> Delete
NAME	TAURIELLO, CHRIS	
STREET ADDRESS	1961 WOODBEND	
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 checked="" type="checkbox"/> Delete
NAME	SYBOR, MARLENE	
STREET ADDRESS	1801 WOOD HAVEN	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	AITA, ANTHONY	
STREET ADDRESS	1745 WOOD BEND	
CITY-ST-ZIP	TARPON SPRINGS FL	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Rutledge	
STREET ADDRESS	391 Wood Bridge Avenue	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Tauriello	
STREET ADDRESS	1961 Wood Bend Street	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Jernquist	
STREET ADDRESS	383 Wood Bridge Avenue	
CITY-ST-ZIP	Tarpon Springs, FL. 34689	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Trench	
STREET ADDRESS	1901 Wood Brook Street	
CITY-ST-ZIP	Tarpon Springs, FL. 34689	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aita, Anthony	
STREET ADDRESS	1745 Wood Bend Street	
CITY-ST-ZIP	Tarpon Springs, FL. 34689	

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:

Anthony P. Aita 2-3-01 (727) 938-1852
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)